**Neighborhood Partnership Grant**

**Project Reporting Form**

**NPG Program Year:**

**Applicant Organization Name**:

**Project Name**:

**Fiscal Agent**:

**Award Amount $**:

**Contact Name and Phone Number**:

Please answer the following questions to the best of your ability. The responses to these questions are an important way to measure the impact of the Neighborhood Partnership Grant Program, continue to make improvements to the program and recruit additional sponsors.

Your responses to these questions will **not** affect the evaluation of any future grant proposals from your organization. These questions are designed to measure the effectiveness of the Neighborhood Partnership Grant program as a whole. If you have additional feedback not addressed by these questions, please feel free to submit that information.

If you have any questions, please feel free to contact:

|  |
| --- |
| Jennifer KingAdministrative AssistantNeighborhood Partnership CenterUnited Way of Central OhioPhone: 614-227-8715Email: jennifer.king@uwcentralohio.org |

**Unless other arrangements were made prior to receiving this document, the final installment of your grant award will be issued upon receipt of this final report.**

**Project Report Questions:**

1. **How many residents from your community worked to achieve the goals or activities associated with the grant funded program?**
2. **How many non-residents (i.e. business people, faith-based, etc.) worked to achieve the goals or activities associated with the grant funded program?**
3. **Please estimate the average number of hours each volunteer contributed to achieve the activities in your project (pick one).**

\_\_\_ Less than 5 hours

\_\_\_ 5 to 10 hours

\_\_\_ 10 to 15 hours

\_\_\_ More than 15 hours

 Additional notes:

1. **Please identify and describe any new relationships or partnerships that were formed as a result of the grant funded project (churches, schools, businesses, other organizations, etc). *For example, an office supply store may have provided supplies for your project. Community volunteers may have contributed specific services, etc.***

Group/Entity:

Relationship Description:

Group/Entity:

Relationship Description:

Group/Entity:

Relationship Description:

Group/Entity:

Relationship Description:

1. **Please describe the results achieved by your grant funded project:**
2. **Please list any additional grants, financial contributions, and/or donations you obtained to execute your grant funded project (please list from whom and the amount received).**

Funding source:

Amount $ received:

Funding source:

Amount $ received:

Funding source:

Amount $ received:

1. **How many people did you *anticipate* involving/engaging with the grant funded project?**

How many people did you involve/engage?

If you involved/engaged *more* than expected, please explain why:

If you involved/engaged *less* than expected, please explain why:

1. **Please indicate *how much time actually spent* on tasks associate with the grant funded program compared to the time you predicted to spend on the program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1\_\_\_ | 2\_\_\_ | 3\_\_\_ | 4\_\_\_ | 5\_\_\_ |
| Much less time than expected |  | About the same amount of time |  | Much more time than expected |

 Additional notes:

1. **Did the grant funded program successfully achieve the desired outcomes?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1\_\_\_ | 2\_\_\_ | 3\_\_\_ | 4\_\_\_ | 5\_\_\_ |
| Not at all |  | Somewhat |  | Absolutely |

 If not at all, please explain:

Additional notes:

1. **Was the Neighborhood Partnership Grant program valuable in helping achieve a
 positive impact in your community?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1\_\_\_ | 2\_\_\_ | 3\_\_\_ | 4\_\_\_ | 5\_\_\_ |
| not at all |  | somewhat |  | absolutely |

 If not at all, please explain:

 Additional notes:

1. **Please feel free to share any other comments about your experience implementing**

 **your grant funded project, including suggestions for future grant cycles.**

1. **When applying for grant funding, a budget was required of all applicants. Please**

 **provide documentation of your project costs as they compare to your intended**

 **budget, using the following page. The fiscal agent must retain copies of receipts for**

 **their records. Please use this space and the budget narrative to provide any**

 **additional information.**

**Final Project Budget**

Complete the project budget detailing the use of NPG funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **NPG Original Budget Request** | **Actual Spending** | **Difference** |
| Stipend |  |  |  |
| Facility Rental |  |  |  |
| Utilities |  |  |  |
| Telephone |  |  |  |
| Copying/Printing |  |  |  |
| Postage |  |  |  |
| Construction Costs |  |  |  |
| Supplies |  |  |  |
| Materials |  |  |  |
| Fiscal Agent Fees *(not to exceed 5%)* |  |  |  |
| Other (specify in narrative) |  |  |  |
| Other (specify in narrative) |  |  |  |
| **Total** |  |  |  |

**Project Budget Narrative**

Referencing each line item in the project budget, provide a descriptive narrative which clearly states how Neighborhood Partnership Grants (NPG) funds were used, how costs were determined, and any other information you'd like to share. Be certain to distinguish NPG dollars from other funding sources (match) contributing to your overall budget, including in-kind support (e.g. volunteer hours, donation of space, materials, technical assistance, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **NPG Request Description** | **Match Description** | **Total** |
| *Example: Copying/Printing* |  *ABC Printing will provided 200 home-repair education pamphlets @ $3/each.* *NPG Request: $600* | *ABC Printing provided color copies for valued at $100* *Match: $100* | *$700* |
| Stipend |  |  |  |
| Facility Rental |  |  |  |
| Utilities |  |  |  |
| Telephone |  |  |  |
| Copying/Printing |  |  |  |
| Postage |  |  |  |
| Construction Costs |  |  |  |
| Supplies |  |  |  |
| Materials |  |  |  |
| Fiscal Agent Fees *(not to exceed 5%)* |  |  |  |
| Other  |  |  |  |
| Other |  |  |  |
| **Total** |  |  |  |

**Please provide the total number of volunteer hours estimated for this project:**