

The Family Strengthening Small Grants Fund

GRANT REPORT

DIRECTIONS: Please print or type the information requested below.
Completed application should be mailed to:

**Ms. Nancy A. Saunders
Administrative Manager
The Riley Foundation
f/b/o Small Grants Fund
77 Summer Street, 8th Floor
Boston, MA 02110**

Date:

Name of Organization/Group:

Name of Activity/Project/Program:

Contact Person (Name and Title):

Street Address:

City & State:

Telephone:

Fax:

E-mail (if available):

Time Period of Activities:

Began: _____

Ended: _____

Grant Amount Awarded:

** Please respond to each of the following questions. Your responses should focus specifically on the funded activity/project/program. (If more space is needed, please attach any additional pages.)

1. Please provide a complete expense report showing how the grant award was used. (You may provide this information on the back of this page.)

2. Referring to the goals and objectives described in your original grant application, please answer the following:

a. What were your major accomplishments?

b. What steps or actions were used to meet your objectives and goals?

c. What were the unexpected results?

d. How did this activity/project/program make the families in your neighborhood stronger?

e. Describe any challenges encountered during the period of the grant activity/project/program?

Any additional comments to share or stories regarding the activity/program/project:
