# Impact 100 Greater Indianapolis Interim Grant Report Form

Organization:

Contact Person Name and Title:

Address:

City, State, Zip Code:

Email and Phone:

Date Submitted:

**Please answer the following questions and submit with this completed form.**

1. Please list the primary goals identified in your proposals and describe the progress you have made toward meeting each goal, including specific examples. Please explain any variance from your goals or expected progress.
2. Has your timeline, budget, approach or plans changed from what was described in your original proposal? If yes, please explain.
3. Describe the response of the community or clients to the program thus far.
4. Please describe any unanticipated challenges encountered with this project to date and explain how you plan to address those challenges.
5. Describe specific successes achieved to this point, which demonstrate the positive impact of the program and reinforce why it is a worthwhile endeavor.
6. Describe any changes that you wish to make at this time to the grant performance objectives and activities.
7. Fiscal information —Please complete the budget that follows on the attached page for the project.
	1. Indicate any changes in the proposed project budget since the original proposal was submitted.
	2. Indicate project-to-date costs for each line item (spent or encumbered).
	3. Update funding sources for the project.
	4. Indicate where Impact 100 Greater Indianapolis funds were spent. Also, submit your nonprofit organization’s financial information for the current fiscal year indicating income and expenses. This can be submitted (in order of preference) as your agency’s most recent CPA audit, financial review or 990 (990 only acceptable if it has been updated since the 990 submitted with your grant application).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed Name, Title:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Printed Name, Title:

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## Grant Request and Budget Narrative

Please summarize your estimated budget for the budget activities. Add a brief narrative description of each line item to the tables. Not all budget categories apply to all applicants, and add lines if necessary. The grant budget must balance.

Organization:

Budget Time Period:

## INCOME

|  |  |  |
| --- | --- | --- |
| *Provide a brief narrative description for each applicable line item. In the income section list each income source as either Potential (P) or Committed (C)* | Cash Income | In-Kind Goods and Services |
| 1. Service Fees and Admissions:
 | $ | $ |
| 1. Corporate Contributions/Sponsorships
 | $ | $ |
| 1. Individual Contributions:
 | $ | $ |
| 1. Foundation Support:
 | $ | $ |
| 1. Fundraisers and Special Events:
 | $ | $ |
| 1. Government Support: State/Federal/Local:
 | $ | $ |
| 1. Internal Re-allocation:
 | $ | $ |
| 1. Other (Please Specify):
 | $ | $ |
| 1. TOTAL CASH INCOME (Add lines 1-8)
 | $ |  |
| 1. TOTAL IN-KIND GOODS/SERVICES(From line 24)
 |  |  |
| 1. TOTAL INCOME WITHOUT GRANT Add lines 9+10
 |  |  |
| 1. FOUNDATION GRANT REQUEST
 |  |  |
| 1. TOTAL INCOME WITH GRANT (Add 11 +12) (Line 25 should =13)
 |  |  |

## EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| *Provide a brief narrative description for each applicable line item.* | Cash Expense | In-Kind Goods and Services | Specific use of Impact 100 Funds |
| 1. Employee Compensation, Benefits, Taxes:
 | $ | $ | $ |
| 1. Professional Fees & Contracted Labor:
 | $ | $ | $ |
| 1. Professional Development:
 | $ | $ | $ |
| 1. Printing and Publications:
 | $ | $ | $ |
| 1. Supplies:
 | $ | $ | $ |
| 1. Marketing/Advertising:
 | $ | $ | $ |
| 1. Space Rental and Occupancy:
 | $ | $ | $ |
| 1. Travel/Transportation:
 | $ | $ | $ |
| 1. Other (Specify):
 | $ | $ | $ |
| 1. TOTAL CASH EXPENSES (Add Lines 14-22)
 | $ |  | $ |
| 1. TOTAL IN-KIND GOODS/SERVICES(Add 14-22)
 |  |  |  |
| 1. TOTAL EXPENSES (Add Lines 23 + 24)
 | $ |  | $ |