

PART ONE

Date:

Organization:

Name of Funded Program:

Total Award from Elmbrook Rotary Foundation:

Authorized Representative:

Address:

Final Report Completed by:

Email Address:

Contact Number:

Dates of Program: From

To

PART TWO

Please address all questions on the following pages.

- 1 Summarize the program supported by the Elmbrook Rotary Foundation mini-grant and where it took place. Address where the funds were used and how it impacted the program (1,500 maximum characters).

2 What was the outcome of the program? (1,500 maximum characters)

A large, empty rectangular box with a thin black border, intended for the user to write their answer to the question above. The box is currently blank.

- 3 Please explain the number of participants in the program for which you received support. Has this number increased in the past year? (700 maximum characters)

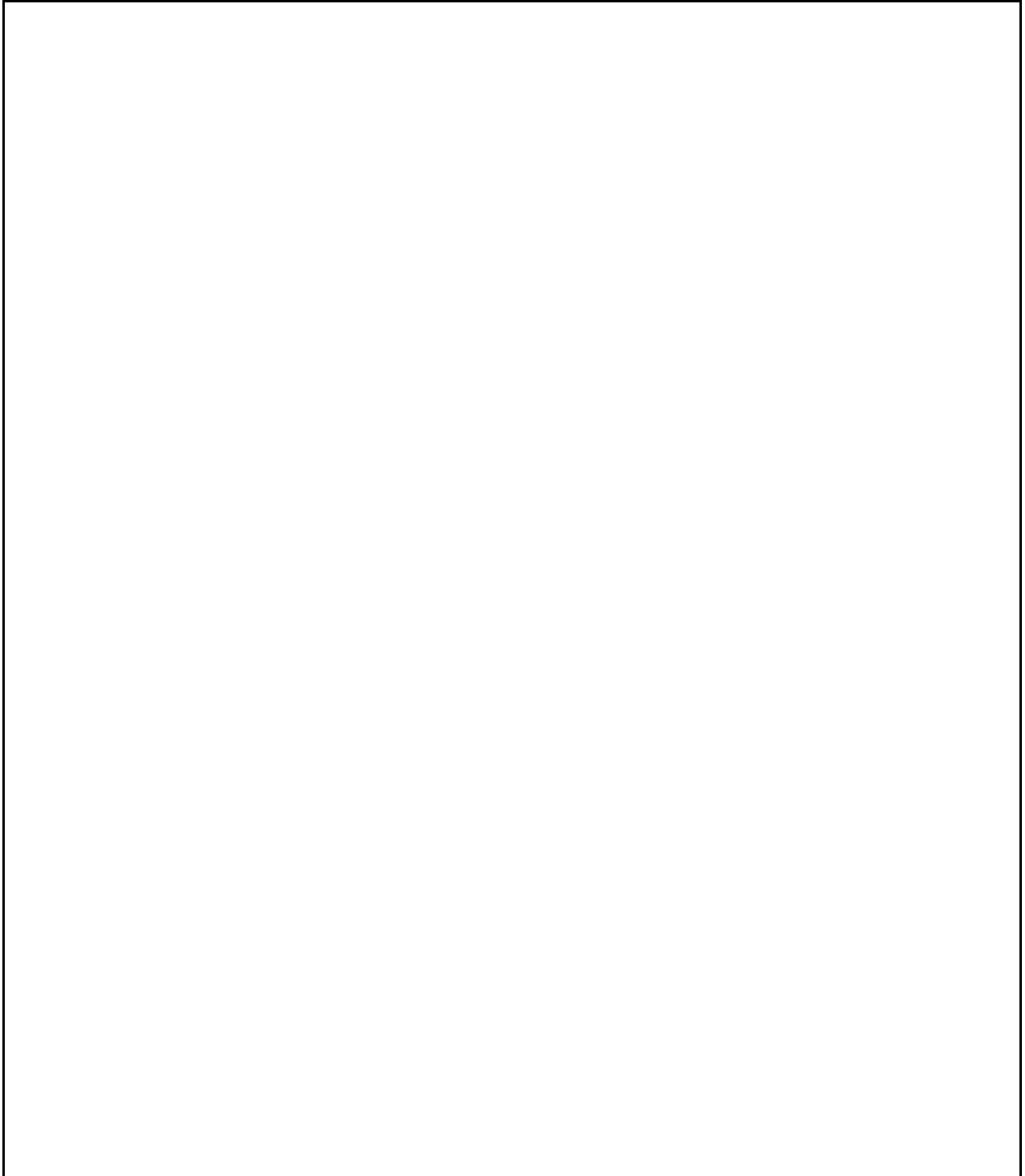
4 Were there any major changes in the project compared to the project description in the original mini-grant application?

Yes No

If "Yes," please describe the changes and why they were made (1,500 maximum characters).

Background

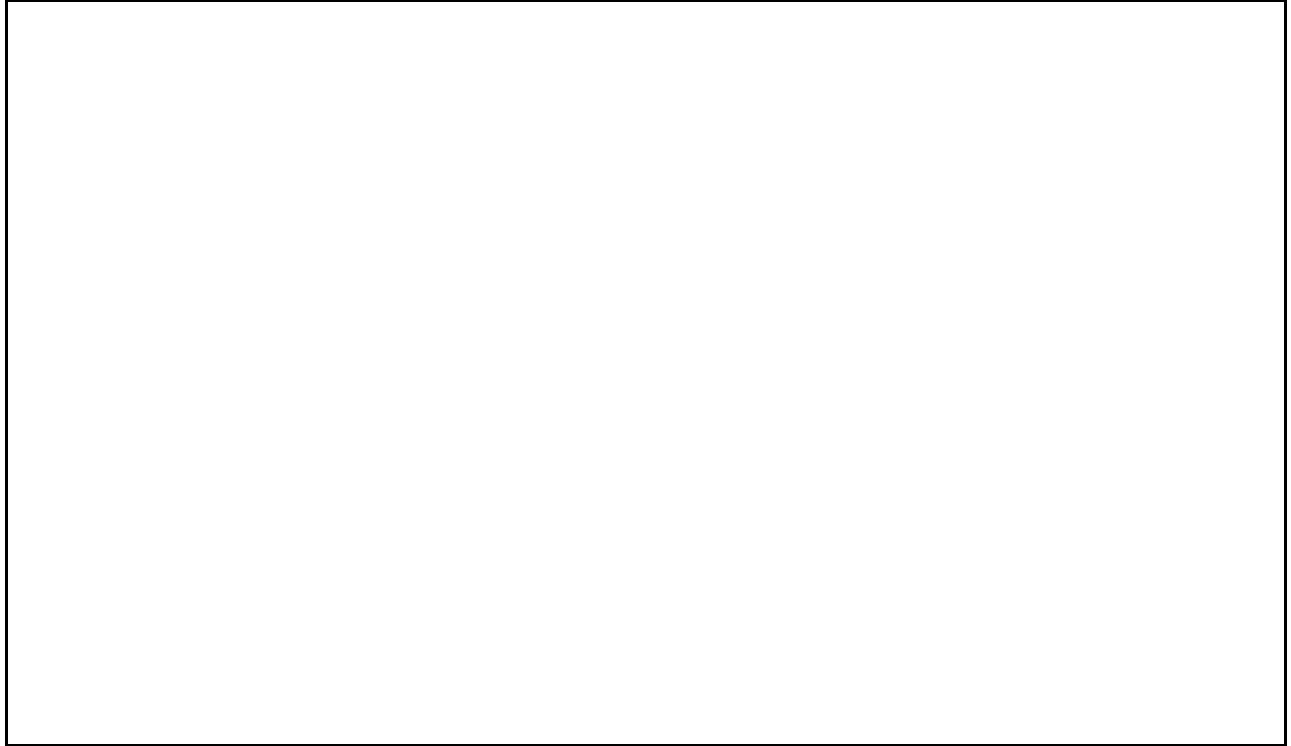
1. What are some of the most significant challenges for your program? (1,500 maximum characters)

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2. Who is your constituency? How do they benefit from this program and/or your organization? Be specific about demographics such as age, gender, people with disabilities, socioeconomic status, etc. (1,500 maximum characters)

Evaluation and Reporting

1. How does your organization evaluate the success of your program? Who evaluates this (staff, board, constituents, community, consultants, etc.)? (700 maximum characters)



2. What data collection and evaluation procedures do you have in place? What were your findings from these? (1,500 maximum characters)

Financial Information

How did you leverage this funding to secure additional funds for this program?

Visit

Please provide a few date/time options for when an Elmbrook Rotary Club representative may visit your program. Site visits are neither guaranteed nor required.

	Visit Type (Program Visit; Celebration/Showcase	Date	Start/End Time	Location
Option #1				
Option #2				
Option #3				
Option #4				

Optional: If you would like to share photographs, testimonials, and/or videos of your funded program(s), please do so and send along with this final report.