



THE EDNA G. KYNETT MEMORIAL FOUNDATION, INC.

Plaza 16 Suite 102, 16 E. Lancaster Avenue, Ardmore, PA 19003

Phone: 610-896-3868 Fax: 610-896-3869

mbrennan@kynett.org

60th Anniversary Program

Interim Grant Report Form

Your interim grant report is due by January 31, 2016. Grantees must submit their grant reports separately from any future grant application and must complete and attach this grant report form. The narrative should not exceed eight pages, but supporting material may be attached.

Name of Organization: _____

Address: _____

Name and Title of Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Program Name and purpose of grant: _____

Amount Awarded _____

Report on the following:

PROGRAM

Please briefly

1. describe the components of the program
2. compare the program's accomplishments to date with the goals and objectives set out in your proposal and describe how it has met or fallen short of your expectations. Provide specific information about the impact on underserved populations and your measures of success. Have any unanticipated events or outcomes caused a change in the proposed strategies or caused you to modify your goals?
3. explain the role of the outreach workers in the program and its results.
4. explain what has been learned from the program and if you plan any changes in the program's second year due to these experiences.

FINANCE

1. Original Program Budget: \$ _____
2. Total Amount Raised: \$ _____
3. Unspent balance of first year grant, if any: \$ _____
4. Attach financial statements for the program, including all revenues and expenses. Please explain any material discrepancies from the approved budget.

I certify that this grant was used solely for the purposes designated.

Name: _____ Date: _____

Title: _____

