

The Community Chest of Port Washington Grant Report



Your organization received grant funds from the Community Chest of Port Washington in this past grant year. Please submit a complete report on the use of that funding. If you do not submit a report, your organization will not be considered for future grants. The Executive Director/CEO or the Board Chair must sign the grant report.

Please mail ONE hard copy and email ONE digital copy** of your grant report and any attachments to the Community Chest by **Thursday, February 22, 2024**.

The Community Chest of Port Washington
382 Main Street Ste 105, Port Washington, NY 11050

Email: grants@portchest.org

****When emailing the report, please scan the entire report as one document, include your organization's name in the file name and email the entire document as one PDF. Thank you.**

Cover Sheet Information

1. Organization Name
2. Contact person name and title
3. Contact person email
4. Contact person mailing address
5. Contact person phone number
6. Amount of the most recent grant award
\$
7. If the grant awarded was for a specific program, provide the program name

8. Signatures

I have reviewed this Grant Report on the most recent grant award and attachments as submitted to the Community Chest of Port Washington and attest that the information is, to the best of my knowledge, true and complete.

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Executive Director or Board Chair,
Signature and Print Name

Date

Narrative: 2 pages maximum. Typed and single-space; font no smaller than 12pt.

Please describe what your organization did with this grant. Tell us what was achieved, and how the funds were spent. In your 2 pages, please address the following:

1. The name and description of the program or programs the Community Chest funding was used to support. If the funding was for general operating support, describe the work of your Organization.
2. How many *unique* Port Washington residents were served by your organization and, if funding was for a program, by that program. Provide numbers for the 12-month period covered by this grant (January 2023 – December 2023) even if it crosses two of your fiscal years.

Please provide information as indicated in the sample chart below.

Residents served	Entire Organization	Funded Program
Total # of PW residents		
# PW Children		
# PW Teens		
# PW Seniors		
# PW Adults (non-seniors)		

3. What specific services were provided to these residents? Do NOT provide a copy of your grant application. What was the impact of these services? Please describe your initial goals, outcomes and whether you achieved success. You may provide both qualitative and quantitative measures of success.
4. Describe how stipulations outlined in the grant award, if any, were addressed.
5. Let us know what you learned during 2023 and what you will change in your program going forward.
6. **If some of the grant funds we provided during 2023 have not yet been spent, tell us why, and when and how they will be spent.**

Attachments

- A. If funding was for a specific program, provide a breakdown of **actual** spending. We do NOT want a copy of the *budget* you provided to us last year in your grant application, but rather a line-by-line accounting of expenditures.
- B. Tell us how Community Chest grant funds were acknowledged by your organization. Provide **DIGITAL** documentation where appropriate.