**The Community Chest of Port Washington**

 **2015 Grant Report**

**Funds received from January 2016 to December 2016**

Your organization received grant funds from the Community Chest of Port Washington in 2016. You must submit a complete report on the use of that funding. If you do not submit a complete report, your organization will not be considered for future grants. The Executive Director and the Board President/Chair must sign the grant report.

Please email **ONE** digital copy\*\* and mail **THREE** hard copies of your grant report and any attachments to the Community Chest by **Thursday, February 16, 2017.**

The Community Chest of Port Washington

382 Main Street, Port Washington, NY 11050

Email: info@portchest.org

\*\***When emailing the report, please scan the entire report as one document and then email the entire document as one PDF. Thank you.**

Questions about your report, deadlines, or attachments? 767-2121 or info@portchest.org

 **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. Person to whom grant checks should be mailed
7. Mailing Address for grant checks
8. Executive Director
9. Chairperson of the Board of Directors
10. Amount of the Grant (awarded in July 2015, paid during Calendar Year 2016)
11. If the grant awarded was for a specific program, provide the program name

If your organization received a grant for more than one program, you must provide narrative and financial details of that program separately (i.e. each program will be allowed a 2 page narrative maximum.)

1. Signatures:

I have reviewed the Grant Report as submitted and attest that the information is, to the best of my knowledge, true and complete.

Executive Director, Name & Signature Date

Board Chair, Name & Signature Date

**Narrative: 2 page 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 particular program, by that program. (Do NOT count the same participant multiple times if they attend different activities.) Please provide numbers for the 12 month period covered by this grant (January 2016 – December 2016) even if it crosses two of your fiscal years.

Please provide information as indicated in the sample chart below.

**Residents served Organization as a whole Funded Program**

|  |  |  |
| --- | --- | --- |
| Total # of PW residents |  |  |
| # PW Children |  |  |
| # PW Teens |  |  |
| # PW Seniors |  |  |
| # PW Adults (non-seniors) |  |  |

1. What specific services were provided to these residents? Do NOT provide a copy of your grant application.
2. What was the impact of these services? Please describe your initial goals, outcomes and whether or not you achieved success. You may provide both qualitative and quantitative measures of success. If your organization conducts a formal evaluation of the program, please provide a digital version of that evaluation. Let us know what you have learned during 2016 and what you will change in your program going forward.
3. If the grant funds we providing during 2016 have not yet been spent, tell us why, when and how they will be spent.

**Attachments**

1. 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 an itemized accounting of expenditures.
2. Tell us how Community Chest grant funds were acknowledged by your organization. Provide digital documentation where appropriate.