Hendricks County Health Partnership

LCC Grant Report Form

All grantees are required to submit this Grant Report no later than 12 months following the project/program’s implementation, documenting the outcomes of the project/program according to the grant application’s judgement criteria. Grantees may include attachments as needed. Any remaining funds after the 12 month period must be returned to the general fund.

**Organization:**

**Date of Report Submission:**

**Contact Person:**

**Phone:**

**Address:**

**Email:**

**Funds distributed to:**

**Name of Project: ­­­­­­­­­­­­**

**Amount Used:**

**OUTCOMES SUMMARY:**

**Briefly recount the project/program’s implementation in your own words. Was it beneficial to Hendricks County?**

**Describe the outcomes (success/failure) using the specific measurements provided in your grant application of the expected outcomes/benefits of this project/program. Was the specified target population benefited by the project/program?**

**If given the chance to implement this project/program again in the future, what would you do differently to improve outcomes?**

**If the project/program was successful, please restate your financial sustainability plan for the project/program, including an explanation of how the project will be sustained without Task Force funds in the future.**

**Please fill out the itemized actual expenses for your project/program (edit this table as necessary):**

|  |  |  |
| --- | --- | --- |
| **Item Name** | **Description** | **Actual Amount Spent** |
| Personnel/Wages |  | $ |
| Marketing & Outreach |  | $ |
| Supplies or Materials |  | $ |
| Event Rental Space |  | $ |
| Event Operations (Speakers, food, etc.) |  | $ |
| (Other) |  | $ |
| (Other) |  | $ |
| (Other) |  | $ |
| **TOTAL AMOUNT SPENT** | $ |
| **Any amount to be returned to the SATF general fund?** | $ |

**Commitment Review**

I, the undersigned, am now closing this grant file, and have met the grantee requirements listed in the grant application, including the requirement of attending a minimum of 75% of Task Force meetings in the 12 month period following grant approval, as well as participating in at least 1 community event, such as the annual HCSATF Drug Free Family Event, one of the five Tox Away Days, or a different event related to the mission of HCSATF

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Applicant Signature Date