

CHARTERCARE FOUNDATION

Outcomes Form for Grant Recipients

Organization Name: _____ Award Date: _____

Project Name: _____ Grant Amt. \$ _____

Project Contact Person & Title: _____ Phone _____

Email address: _____

Date report submitted: _____ EIN # _____

Please indicate below exactly how the grant dollars were spent:

Program Expenses: (list by category) (use separate sheet for additional expenses)

_____ \$ _____
_____ \$ _____
_____ \$ _____

Funding support received from other organizations for this project:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Totals project cost _____ \$ _____

Balance of Chartercare grant funds not expended for this project (if any): _____ \$ _____

Briefly describe the goal if this program (refer to the goals listed on the grant application):

Briefly describe the impact of the program (results) as compared to the above goals:

OPTIONAL: Please share a story that illustrates the impact of this project on the community (attach a separate sheet). This report is due at the conclusion of the project, but **NO LATER THAN 12 months** from the date of the grant award. Send to Chartercare Foundation, 7 Waterman Avenue, North Providence, RI 02911

Failure to submit the Outcomes Report on a timely basis will affect your eligibility for future grants.