VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 FORT STREET • HONOLULU • HAWAI`I • 96813 • (808) 537-6333

**Supporting Foster Children and Parents**

**Final Report (or Progress Report) Cover Sheet**

The Trustees appreciate your work and look forward to learning more about it. Your final report provides important information that helps the Trustees to evaluate the Foundation’s programs. Your candor about what worked and why -- and what didn’t work and why not -- makes your report valuable and appreciated.

Your report is due no later than 13 months after the date of your grant award letter. The Foundation does not accept proposals from organizations with overdue reports.

Please complete this cover sheet, attach financial and narrative reports, and email your report to:

Foundations@hcf-hawaii.org in PDF form and as one attachment.

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| --- |
| **Organization information** |
| Name: Website: |
| Address: Tel: |
| City, State, Zip: Fax: |
| **Contact information for the person who prepared this report** |
| Name: E-mail: |
| Title: Tel: |
|  | **Project** | **information** |
| Grant ID# Grant amount: $ Date of award letter: |
| Project title: |
| **Attach financial and narrative reports** |
|  Financial report: Provide original project budget shown in your grant application Show all actual project income and expenditures Indicate expenses for which this Geist Foundation grant was used. Narrative report: Describe the issue or opportunity addressed Provide the number of children and current or prospective caregivers served by the project Describe the activities conducted and the services delivered, including quantities and numbers ofchildren and adults participating. Explain any changes from the activities described in your grant application. (You must use the grant only for the purpose stated in the grant award letter.) Describe what happened as a result of the efforts, including any differences between these results andthe expected results described in your grant application. Describe challenges encountered, unexpected benefits, and lessons learned. Describe future plans for these efforts. |
| **Required signature** |
| Executive Director Type or print name Date*If no ED, chief compensated staff person must sign.* |
| **If a fiscal sponsor is involved, an additional signature is required** |
| Executive Director of fiscal sponsor organization Type or print name Date*If no ED, chief compensated staff person must sign.* |

*Revised July 2016*