



Fort Bend Cares

*A Charitable Foundation*

## Project/Program Report

Complete the following Project/Program Narrative Report and submit it with the **FORT BEND CARES** Expenditure Report to comply with the terms and conditions attached to the grant awarded by Fort Bend Cares.

<b>Organization Information</b>			
Organization Name:			
Organization ID:			
Name of Primary Contact for Grant:			
Grant ID:			
Project/Program:			
Amount of Grant:	\$		
Report Date:			
Grant Start Date:		Grant End Date:	
Type of Report: <i>(circle one)</i>			
	Status Report	Final Report	
<b>II. Project/Program Evaluation Report</b>			
Project Summary: <i>(100 words max)</i>			
Project Objectives: <i>(What did you want to achieve or accomplish? Include timeframe.)</i>			
Population: <i>(Who was served or benefited from the project?)</i>			
Inputs: <i>(What resources – funding, staff, volunteers, equipment, supplies, materials, etc. – were used by or were dedicated to the project/program?)</i>			
Methods: <i>(What activities did you undertake? What services were provided and how?)</i>			
Project Outputs: <i>(How many people were served or participated in the project? How many sessions were held?)</i>			

Project Outcomes: *(What were the changes or benefits to the people who participated in the project/program? What other impact was achieved?)*

Lessons Learned: *(What worked well? Did you encounter unexpected difficulties? What improvements will you make? How will this influence your organization in the future? What else might be helpful for the Foundation to know?)*

Project Future: *(Will this project continue? If yes, what are the future goals for the project and how will you fund it? If no, why not?)*

Community Impact: *(How was the community enhanced by this project? What other effects did the project have at the community level – or at a level less than the entire community?)*

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date Signed

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**Please submit the completed report to:**

**Fort Bend Cares  
c/o Grant Committee  
14823 Southwest Freeway  
Sugar Land, Texas 77478**

Form Check List:

Program/Project Report.

A Grant Expenditure Report.

Copies of invoices/receipts or other documentation showing the disbursement of grant funds.

Other documentation as specified in the Terms and Conditions letter.