

**The KM Shimano Family Foundation**

**Grant Reporting Form**

**Note: Program Reporting may be submitted as an interim report within six months of issuance of the Grant and should be submitted the earlier of March 31st or one year anniversary of the Donation receipt.**

Issued By: Issue Date:

**Section I: Cover Sheet and General Information**

**A. Organizational Information**

Organization:

Fiscal Agent (if different from your organization):

Address:

Phone: Email:

Website:

Executive Director: Years at Organization:

**B. Grant Information**

Grant Administrator/Contact Person (if different from above):

Title:

Phone: Email:

Amount of Grant:

Term of Grant:

Purpose of Grant:

**If the grant term has ended or if all funds have been utilized, please skip Section II and complete the remainder of the report (Sections III-V).**

**Section II: Interim Report**

1. Please describe how your project is progressing including strengths and challenges, if any.
2. When do you anticipate funds being exhausted?

**Section III: Detailed Overview of Grant Impact**

1. How were the funds used?

1. What were your intended goals? Did you meet them? If not, why not?

1. What difference do you believe our donation made to your organization? *Note: If you have evaluation materials that document outcomes and impacts of your work, feel free to attach in lieu of answering this or other questions.*

1. What would your organization/department identify as its primary accomplishment(s) as a result of our donation?
2. During the course of your year, were there specific circumstances or obstacles that impeded your ability to optimize your funding? If so, please explain.

1. If the project involved collaboration with other organizations, please list those parties and comment on the effect of the collaboration on the project.

**Section IV: Financial Report**

Please complete the budget table below. Provide a current detailed and itemized operating expense budget for the project; indicate the specific uses of the grant with each respective dollar amount and percentage.

 **Budgeted Amount Actual Amount\* Percent of Total**

**Program Expenses** $ \_\_\_\_\_\_\_ \_\_\_\_\_ $ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ %

**Grants** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Scholarships**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Overhead** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Supplies** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ %

**TOTAL$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100 %**

**Section V: Supporting Materials**

1. Please include copies of any relevant media related to this donation.

1. Please direct us to relevant photographs related to this grant. Please limit emails to 5MB or include printed copies.

**Section VI: Recommendations**

1. Please share any feedback you have about our grant process (the Request for Proposal process, the reporting forms, deadlines, accessibility of staff for questions, or any other part of the process).

Please submit report to:

 The KM Shimano Family Foundation

 1055 Wisconsin Ave NW, Unit 3W

 Washington, DC 20007

 EIN: 87-3647912