**Dana Home Foundation Grant Recipient Final Report**

Due July 15, 2024

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| **Project Director:** |  | **Organization Name:** |  |
| **Program Name:** |  | **Project Funds Received from DHF:** | $ |

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| --- | --- | --- | --- | --- |
| **PROGRAM BUDGET PROGRESS REPORT** | | | | |
| **Period Covering Budget Progress Report** | **Begin Date:** | 6/1/2023 | **End Date:** | 5/31/2024 or earlier if funds are fully expended prior to 5/31 |
|  | **Original Budget** | | **Actual Expenses To Date** | |
| **Personnel** | $ | | $ | |
| **Supplies** | $ | | $ | |
| **Equipment** | $ | | $ | |
| **OTHER (Please Specify and Itemize)** | $ | | $ | |
| **Total Grant Funds Expenditures** | $ | | $ | |

**Period Covered by Following Progress Report:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |

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| --- | --- | --- | --- |
| **Update on Project Status**: Please provide the progress towards meeting the objectives and goals of the Grant, including number of Lexington seniors served during this period. | | | |
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| **Report Proposed Changes to Project**: including proposed changes in project design, personnel, budget, or other changes. | | | |
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| **List Other Sources of Support**: including any notice or receipt of other sources of support for this project during the period covered in this report. Also indicate whether you have collaborated with any other Dana Home Foundation Grant Recipients. | | | |
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| **Provide Copies of Project Materials**: including all published or produced materials, pictures, etc. during the period covered in this report. In addition, please include any surveys or feedback received from Lexington seniors served by the Grant. | | | |
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| **Acknowledgment of the Dana Home Foundation (DHF)**: Please indicate when and where the DHF support of the project and/or the DHF mission has been publicized either in writing or in prepared remarks. | | | |
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| **Accounting of Grant Funds:** Please indicate whether the entire amount of the Grant has been expended. If applicable, explain why the funds remain unused. | | | |
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| **Additional Comments:** Please share any additional information about the Grant or the DHF grant application process. | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |