**Dana Home Foundation Grant Recipient Interim Report**

Due January 31, 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:** | 12/31/2023 |
|  | **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**: Share published or produced materials, pictures, surveys, or feedback you feel are important to demonstrate the success to date. | | | |
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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. | | | |
|  | | | |
| **Accounting of Grant Funds:** Please indicate whether the entire amount of the Grant has been expended or will be expended or committed by June 30, 2024. If applicable, explain why the funds remain unused. | | | |
|  | | | |
| **Additional Comments:** Please share any additional information about the Grant or the DHF grant application process. | | | |
|  | | | |
| **Signature**: |  | **Date**: |  |