

STEP FIVE : PROGRESS REPORT

Approximately one year following receipt of your funds, you will be required to complete a progress report. These forms will be mailed to you with a deadline for submission. If the requested information is not submitted, your organization will be ineligible to apply for another grant.

SEE FULL TWO PAGE PROGRESS REPORT FORM BELOW

**OZARKS HEALTH ADVOCACY FOUNDATION
GRANT RECIPIENT'S PROGRESS REPORT
GRANT ROUND _____**

Organization: _____

Project Sub-title: (if applicable) _____

Address: _____ **Phone:** _____

Executive Director: _____ **Contact for this grant:** _____

Amount of grant: _____ **Grant amount used to date:** _____

On a separate sheet, please answer the following questions. Use no more than two pages for the narrative and complete the Budget Reporting Page making a total of three pages.

1. What was the purpose of the original request and what were the intended objectives?
2. Who was/are the beneficiaries of this project? Please include the number of clients served.
3. Did the grant accomplish the objectives described in #1? How did you reach these conclusions?
4. Could the same results have been produced more effectively with less money?
5. Is this an ongoing program? If so, please identify future sources of funding.
6. If other funds have not been identified, please indicate the reasons.
7. Discuss the lessons learned from this project.
8. Outline the publicity received for this grant.

Please return this report by _____ to: **Marla Witthar**
ITI Financial Management
4650 S. National, Ste. A-1
Springfield, MO 65810

Contact for questions: **Marla Witthar**
417-889-2550
mwitthar@itifinancialmgt.com

Failure to comply with this request will result in your organization being removed from future grant consideration.

Office Use Only: Date Submitted _____

