REPORT 2018 July Cycle

GENERAL INFORMATION

Organization Information

Legal Name:

test - 2018 July Cycle

Federal Tax ID#:

Address:	**City:**	**State:**	**Zip Code:**

Website:	**Fax:**

Head Of Organization

Name:	**Title:**

E-Mail Address:	**Phone:**

Application Contact

Name:	**Title:**	**E-Mail Address:**	**Phone:**

REPORT INFORMATION

Report Funding Cycle:	**Report Date:**
2018 July Cycle	08/05/2019 12:00 am

1: Please include in your report the dollar amount of the funds that were awarded, the date they were funded and what the funds supported.

Awarded Amount: 20,000	Date:

2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.

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3: Please explain any changes from the original proposal and the circumstances that lead to the modification of the objective.

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4: What needs were addressed?

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5: What method of evaluation did you use to monitor and measure the project's outcome and what are the result?

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6: Do you plan to continue this project, and if so, how do you plan to sustain it?

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7: Please provide any other comments ot information relevant to this grant.

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8: Please provide an updated detailed projected budget with expenses for the received grant. Also include the totals for the budgeted and actual amount. Explain any discrepancies between the budgeted and the actual expenses for the project.

Line Item Description	Total Project Funds Allocation	Najim Requested Funds	Project Funds Actual	Najim Funds Allocation
Parenting Specialist Salary (FT)	$34,320	$20,000	$5,500	$0
TOTAL:	**$34,320**	**$20,000**	**$5,500**	**$0**

Signature

test