

# Grant Report Instructions



THE FOLLOWING PROVIDES ADDITIONAL INFORMATION TO HELP IN COMPLETING THE GRANT REPORT APPLICATION FORM.

**PLEASE CONTACT MIHF STAFF AT 277-6411 IF YOU HAVE FURTHER QUESTIONS.**

## GENERAL GRANT REPORT INFORMATION

- Grantees will submit a **report, due 30 days after the end of the grant period**. The grant period is usually 12 months unless you requested otherwise at the time of the application or made other arrangements with MIHF staff during the course of the grant.
- Please complete this report by typing directly into the Word document. You can save the document to your system and return to it as needed.
- If a question is not applicable to your grant, please indicate “NA” (not applicable).
- Completed reports may be a maximum of four pages in length.

## HOW TO SUBMIT YOUR MID-IOWA HEALTH FOUNDATION GRANT REPORT

### E-mail Your Grant Report:

- 1.) Complete your “**Grant Report**” by clicking your cursor in each field and type in your information.
- 2.) Save your final copy to your Desktop/Computer
  - a.) Click “**File**”, in the upper left hand tool bar
  - b.) Click “**Save As**”
  - c.) Save your “**Grant Report**” to your Desktop/Computer
- 3.) Open a “**New**” e-mail within your Outlook, Lotus Notes, Gmail, etc.
- 4.) “**Attach**” your “**Grant Report**” to your new e-mail. The “**Attach**” icon appears as a paperclip symbol in most e-mail programs. Click the icon, browse for your “**Grant Report**” on your computer, click “open”—“**Grant Report**” is now attached! You may also use this method to attach a photo and/or story.
- 5.) Click your cursor in the “**To**” area of your new e-mail and send to [dswartz@midioawahealth.org](mailto:dswartz@midioawahealth.org) please include a “Subject” line.
- 6.) Click “**send**” and your report is on its way!

**OR ...**

### Mail Your Grant Report:

- 1.) Complete your “**Grant Report**” by clicking your cursor in each field and type in your information.
- 2.) Save your final copy to your Desktop/Computer
  - a.) Click “**File**”, in the upper left hand tool bar
  - b.) Click “**Save As**”
  - c.) Save your “**Grant Report**” to your Desktop/Computer
- 3.) Once you have completed your “**Grant Report**” go up to your “**File**” tool button in the upper left hand corner. A drop down menu will appear. Click on the “**Print**” option.
- 4.) Once you have printed your “**Grant Report**”, please mail to;  
**Mid-Iowa Health Foundation, 3900 Ingersoll Avenue, Suite 104, Des Moines, IA 50312**

## INTERIM REPORT

- Subsequent year applications for a current MIHF-funded project/program must include an **interim report**, using this report format, for the application to be considered.
- This interim report will cover the period between the grant start date and the date the next application is submitted.
- For example: your organization submitted an application on 10/1/2010 and received a grant for the period 1/1/11 through 12/31/11. If you choose to apply for additional funding for this project on 10/1/11, you will submit an interim report with the application describing the progress of the project from 1/1/10 through approximately 10/1/11, depending on your evaluation/reporting system.
- If you are not applying for subsequent year funding for this project no interim report is required.

## REPORT FORM

- Organization** – the organization submitting the proposal, the lead organization if a collaborative project
  - Address** – the organization’s main address
  - City, State, ZIP**
  - Contact** – primary organization contact, usually President, CEO, Director
  - Phone** – primary contact’s phone
  - E-mail** – primary contact’s e-mail address
  - Project Title** – title of the project, program or organization for which funding was granted
  - Project Director** – also include name of the person completing this report, if different from the Project Director
  - Phone**
  - E-mail**
  - Project dates** – grant period from the Grant Agreement
  - Period covered by this report** – indicate “interim” or “final” and the dates to which this report refers
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- **Please provide the Project Goal Statement from the proposal.** Simply copy the full 75 word Project Goal Statement from the original proposal you submitted.
  - **Please provide a summary, 75 words or fewer, of key progress, results and learning from this project.** This “headline” information may be used by MIHF as a summary with various audiences, in various venues, to identify, summarize and publicize the results of the project.
  - **Progress, results and learning from the project.** In this section you can expand on the summary of results to tell details of the project’s accomplishments. This section should tell about actual results compared to changes expected in the Project Evaluation section of the original proposal. Please also describe how the results were measured. What have you learned that informed your work or might inform the work of others?
  - **Key community partners.** Please note other organizations, collaborations, departments and/or individuals that have played a key role in this project’s results.
  - **Challenges, barriers and/or changes to the project.** If applicable, describe organizational, community, systemic, and/or other issues that may have limited or slowed your progress; or those that made it very difficult or prevented you from achieving the desired results. Describe any adjustments that were necessary in project implementation.

## BUDGET

In the budget format below, under each column's "projected" headings, insert the budget figures from your original MIHF application budget ; under "actual" insert the project's actual expenses.

|                                  | Total Project Budget |        | Mid-Iowa Health Foundation Funds |        |
|----------------------------------|----------------------|--------|----------------------------------|--------|
|                                  | Projected            | Actual | Projected                        | Actual |
| Personnel                        |                      |        |                                  |        |
| Equipment                        |                      |        |                                  |        |
| Supplies                         |                      |        |                                  |        |
| Travel                           |                      |        |                                  |        |
| Evaluation                       |                      |        |                                  |        |
| Other Expenses – Please Identify |                      |        |                                  |        |
| <b>TOTALS</b>                    |                      |        |                                  |        |

- **Other funding sources.** Please list other sources used to fully fund the project. Please indicate the name, amount, and cash or in-kind for each source.
- **Which element of the budget is the most essential to the project?** The project couldn't be implemented or the results would be less significant without this element.
- **Please provide a brief explanation of significant variances, if any, from the projected budget.** You may define "significant".
- **Looking to the future, what else must be done to achieve longer-term community results relevant to your project?** This is an opportunity to provide commentary on the long-term outlook for health issues related to this project within your organization or others in the field or the community.
- **Optional Attachment(s): Tell us a story...show us a picture!** Mid-Iowa Health Foundation values the roles stories and photographs can play in conveying a project's work. You may include photographs and/or a story about people who benefitted from the project as separate attachments with your "**Grant Report**" e-mail.
- **Name of Administrative Official**
- **Title.** Title of Administrative Official.
- **Date**