**wHAT IF Grant RePORT**

**Our donors are very interested in knowing about the local impact that grants have made!**

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| Date of report: | “What If” Grant amount received: $  |
|  |
| Name of project: |
|  |
| Name of person completing this report – Contact Person 1: |
| Email: | Phone: |
| Address: |
| City/State/Zip: |
| Your role in the project: 🞏 Organizer/Leader 🞏 Member of Planning Group  |
|  |
| **Name of key people who helped plan and complete this project:** (Do not include people who volunteered briefly or who simply participated/attended.) |
| Name – Contact Person 2: |
| Email: | Phone: |
| Address: |
| City/State/Zip: |
| Role in the project: 🞏 Organizer/Leader 🞏 Member of Planning Group  |
|  |
| Name – Contact Person 3: |
| Email: | Phone: |
| Address: |
| City/State/Zip: |
| Role in the project: 🞏 Organizer/Leader 🞏 Member of Planning Group  |
| ***Please submit a separate sheet of paper to include more names if necessary.*** |
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| **How did you get people or organizations involved in this project?** |
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| **Please describe key relationships formed from those involved. What are some areas of success?** |
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| **Please describe the major activities that took place. What were the highlights?** |
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| **Please describe how this project did or did not accomplish your goals.**  |
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| **How were you, and others involved, able to celebrate lessons learned?** |
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| **How did “What If” Grant dollars make a difference in advancing equity, inclusion or opportunity in the south Wood County area?** |
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| **Please share a story about how an individual or group was positively affected by your project.** |
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| **Photos provide great visuals!** If available, please email to kshields@incouragecf.org or send with report. 🞏 Photos emailed 🞏 Photos enclosed with this report 🞏 No photos available |
|  |
| **How were “What If” Grant dollars used to support the project?**Please complete the “What If” Budget Report form - attached. |
|  |
| **Submit completed report to:**Incourage | 478 E Grand Ave | Wisconsin Rapids WI 54494 |kshields@incouragecf.org | fax 715.423.3019 |

**“WHAT IF” BUDGET REPORT**

GRANT AMOUNT: $ \_\_\_\_\_\_\_\_\_\_

Please enter the name of each person/business/vendor that you paid in the far left column, and then enter the amount paid in the appropriate Expense Category column. You may reproduce this report form if you need additional room.

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| **Expense Category ($) 🡺**-------------------Vendor/Supplier**🡻** | Food | Materials**(office supplies, etc.)** | Printing**(flyers, copies, postage, etc.)** | Stipends | **Fees/Permits (space rental, permits, etc.)** | **Equipment** | Contracted Labor**(consultants, etc.)** | Other**(please describe)** | **Contribution (other donations to project)** |
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| COLUMN TOTALS |  |  |  |  |  |  |  |  |  |
| TOTAL OF ALL COLUMNS | **$** | 🡸 **This total should equal or exceed your grant amount. If it does not, you must return unused grant funds to Incourage Community Foundation.** |

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| **Please include copies of receipts for all of the items paid for with grant funds.** |
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|  | Check here if your group is a 501(c)(3) non-profit, and include a copy of your IRS determination letter. |

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