



## Grant Report Form

Program Dates \_\_\_\_\_ Report Date: \_\_\_\_\_

1. Program Name \_\_\_\_\_

2. Program Contact Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

3. Grant Amount \$ \_\_\_\_\_

4. Briefly describe how the Metro Ministries grant supported your program?

\_\_\_\_\_  
\_\_\_\_\_

5. How many unduplicated participants were involved in the program? \_\_\_\_\_

6. Were the participants from the expected demographical area that you planned to reach?

\_\_\_\_\_  
\_\_\_\_\_

7. How was your primary focus (based on the Metro Ministries criteria shared in your grant application) fulfilled?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the need that the project addressed met? If not, what did you learn?

\_\_\_\_\_  
\_\_\_\_\_

9. Did you see the expected impact? Did your project impact the community or neighborhood as expected? If so, how? If not, what did you learn?

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10. How are you evaluating the program – what tools or resources did you ultimately use?

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11. Who were your 3 key partnerships?

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12. If this is an ongoing program, what adjustments will you make in the future? What resources did you find that you needed that you did not have?

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13. Did you meet your projected budget? Are there ways that Metro Ministries can be more supportive in regards to finances and other key resources?

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14. In what way did the program fulfill your mission?

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15. On a separate page, tell us a personal story that shares the impact of the program. Please share a link to videos or photos.

FINANCIAL REPORT – Please submit your Project’s actual Income and Expenses

Income (Actual)	Cash	In-Kind	Total
Metro Ministries, Inc. Grant			
GRAND TOTAL			

Program Expenses (Actual)	Cash	In-Kind	Total
GRANT TOTAL			

The completed Grant Report is due 30 days after the end of the grant period listed on the grant application. If the program dates change, please notify Metro Ministries, Inc. at 317-452-4786 or 317-946-0251. Email the completed report to Tina McAninch at metrodirector19213@gmail.com.