



FR2017 - FINAL REPORT FORM

Submission: Deadline is 5:00 pm on February 15, 2018.

Questions?? Email Misti Charters info@twinfallshealthinitiativestrust.org or call 208-899-5262 or 208-410-3633

Report and receipts may be submitted in hard-copy form or electronically to info@twinfallshealthinitiativestrust.org or by fax to 888-445-0387

****NOTE: IF SUBMITTING BY HARD COPY ONLY, EACH GRANTEE MUST NOTIFY TFHIT BY EMAIL, PHONE OR FAX THAT REPORTS WERE SUBMITTED THROUGH USPS MAIL IN CASE OF DELIVERY PROBLEMS****

Organization Name: _____ **Reporting Period:** _____ **to** _____

Cumulative Project Expenditures

*Itemize expenditures related to activities completed for the project thus far. This report is a meant to be cumulative (year-to-date). Add rows as needed. Be sure to itemize activities as they were budgeted in your original grant application. ****NOTE: Each grantee is REQUIRED to include all receipts and/or relevant records for all expenditures referenced in this reporting period & detailed in this report. Failure to provide reports and sufficient documentation for all expenditures on time will result in forfeiture of funding and disqualification from future funding cycles. TFHIT reserves the right to perform an audit of each grantee’s accounting of grant funding at any time.***

Category	Item Description	Initial Amount Granted	AMOUNT of FUNDS EXPENDED			
			1 st Reporting Period	2 nd Reporting Period	FINAL REPORTING	Amount Returned to TFHIT (if any)
Personnel						
Fringe						
Contractual						
Travel						
Supplies						
Equipment						
Other						
TOTAL						

Complete Project Description:

Describe the progress of the activities completed for the project. Be specific and refer to the objectives and activities that were outlined in your grant application. Include problems or obstacles that you encountered and how you addressed them. Specifically describe successes and/or failures of project. What did you learn from this project that can be applied in the future to other projects? Be sure to correlate your summary to activities as they were described in your original grant application.

Outline Performance Measures:

Describe how you measured the outcome of your objectives. Be specific – describe how your organization tracked the data and expenditures; explain how you verified the results that have been achieved.



Funds Expenditure:

If there were funds returned to TFHIT, provide the amount to be returned and explain why your organization was unable to expend all funds during the project timeframe:

Signatures:

The undersigned certify that all project information stated above is true and accurate.

Agency Director: _____ Date: _____

Grant Administrator/Reporting Contact: _____ Date: _____