

**2025 Grantee Progress Report Form**

|  |  |
| --- | --- |
| Agency Name:  |  |
| Name of Person Providing Report: |  | Grant Amount: |  |
| Email: |  | Phone: |  |

**Section A** Per the goals outlined in your grant application, please provide narrative about how you are progressing. *(The fields for entering information will expand to fit your content)*

|  |  |
| --- | --- |
| Goal 1: |  |
| Progress against Goal: |  |
| Goal 2: |  |
| Progress against Goal: |  |
| Goal 3: |  |
| Progress against Goal: |  |
| Goal 4: |  |
| Progress against Goal: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B** | 1st Period | 2nd Period | 3rd Period |  | YearlyTotal |
| 1.Total expenditures of Qlarant Foundation funds this period: |  |  |  |  |  |
|  |  |  |  |  |  |

**Section C**

1. Describe any changes/modifications in the scope of the funded project.
2. If grant funds were not used as projected, describe why and what is being done to address this.
3. Please provide a narrative about the impact this grant is having. A personal client story is ideal.
4. How is Qlarant Foundation acknowledged on your organization’s website?
5. Describe any challenges you had completing this report.

**Section D**

Based on the budget you submitted in your application, please provide an accounting for expenditures similar to the attached ***SAMPLE*** sheet below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expenses** | **Budget** | **First Period** | **Second Period** | **Third****Period**  |  | **Yearly Total** |
| **Salary and Fringe** |  |  |  |  |  |  |
|  Nurse Educator | $16,000 | $4,000 |  |  |  |  |
| *Total Salary and Fringe* |  | 4,000SAMPLE |  |  |  |  |
| **Travel** **Staff** **Patients (appointments)** |   3,000 1,000 |  500250 |  |  |  |  |
| *Total Travel* |  4,000 | 750 |  |  |  |  |
| **Office Supplies and** **Equipment** Brochures  |  4,000 | 4,000 |  |  |  |  |
| *Total Office Supplies and Equip* |  | 4,000 |  |  |  |  |
| **Patient Supplies** |  |  |  |  |  |  |
|  Glasses Over –the-counter drugs Prescriptions | 1,0001,0002,000 |  250 200 500 |  |  |  |  |
| *Total Patient Supplies* | 4,000 | 1,000 |  |  |  |  |
| **Total Expenses** | $28,000 | $9,750 |  |  |  |  |

|  |  |
| --- | --- |
| Date:  |  |
| Name of Agency: |  |
| Authorized Signature: |  |
| Print Name: |  |
| Title: |  |