

**Grant Recipient Final Report**

|  |
| --- |
| Today’s Date:  |
| Month and Year Grant was Received:  |
| Organization Name:  |
| Address:  |
| County (ies) served (or indicate statewide):  |
| Executive Director Name:  |
| Executive Director email:  |
| Name and email of person completing this report: |

Total Project Budget:

Amount awarded:

Total # of people impacted by the award:

**Please attach a budget showing how the funds were spent.**

**Which Priority did your project address? (check all that apply)**

Economic Security \_\_\_\_\_

Health, Wellness and Safety \_\_\_\_\_

Leadership, Education and Empowerment \_\_\_\_\_

**Please provide a brief description of the project:**

**Please list Project Goals:**

**Impact Statement: Please include a brief narrative statement that summarizes significant outcomes of the program which NHWF supported.**

**Is there anything else you would like to add that would help us understand the impact of the grant?**

Thank you for taking the time to fill out this evaluation. If you have any further questions or comments, please feel free to contact us at 603 – 226 – 3355.

Please email to Ellen Koenig – ellen@nhwomensfoundation.org.