

# SAN BRUNO

Community Foundation

## COMMUNITY GRANTS FUND

### GRANT REPORT FORM

Please complete and return this Grant Report Form (the "Grant Report") to The San Bruno Community Foundation at grants@sbcf.org as set forth in the Grant Agreement. Terms used herein have the same definition as given in the Grant Agreement.

#### I. Grant Information

Grantee: \_\_\_\_\_

Program Funded: \_\_\_\_\_

Grant Period: January 1-December 31, 2023

Grant Amount: \$ \_\_\_\_\_

Grant Amount Expended: \$ \_\_\_\_\_

#### II. Grantee Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### III. Grant Report

A. **Confirmation of Requirements.** Please confirm that each of the following requirements was met consistent with the terms of the Grant Agreement by checking each box. If you are not able to confirm any of the requirements below, please provide an explanation in a narrative attached to this report.

- The Grant was used in furtherance of the Grant Purposes
- The Grant was not used in violation of or in a manner inconsistent with the Grant Agreement
- No changes have occurred to Grantee's tax-exempt status since the Grant Agreement was entered into

B. **Statement of Revenues and Expenditures associated with the Grant Purposes.** Please complete the attached template and submit it as part of this Grant Report.

C. **Programmatic Accomplishment(s).** In an attached narrative no longer than four (4) pages total, please respond to the following questions:

1. What were the major accomplishments achieved with the Grant? Describe the goals for the funded program and the community needs that were intended to be addressed by the program. Then describe the Grantee's success in meeting those goals, using both quantitative and qualitative measures.
2. Approximately how many members of the San Bruno community did the funded program benefit during the Grant Period? Please give your best estimate in the form of a single, whole number (rather than a range of numbers) – *e.g.*, 150 community members (not 100-200 community members).
3. What challenges did Grantee experience that may have prevented accomplishing its goals or completing the funded program, if any?
4. What are Grantee's plans for the funded program in the future? How will Grantee sustain it in the coming years?
5. Please share any success stories or evaluation data from those who benefited from the funded program. Provide at least one anecdote about how this Grant and the activities in furtherance of the Grant Purposes impacted an individual, group, or the community as a whole.

D. **Publicity Materials.** Please attach copies of any publications or other public communications acknowledging or referencing The San Bruno Community Foundation related to the Grant.

I hereby certify that the above and attached statements are true, accurate, and complete.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

*Email this completed, signed Grant Report and any necessary attachments to [grants@sbcf.org](mailto:grants@sbcf.org).*