



## Grant Recipient Report

Please complete and submit a final report to Christa Petro  
(Christa.Petro@AOHCT.org) within six month of your agreed-upon completion date.

### Grantee Information

Grant Cycle Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

### Initiative Information:

Initiative Name: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Is initiative complete?

☐ Yes, date completed: \_\_\_\_\_ ☐ No, will be completed by: \_\_\_\_\_

Comments:

**Outcome Information:**

Please provide a brief description of the initiative:

What was the goal of the initiative?

How did the initiative contribute to the above goal?

Briefly describe how the effectiveness of the initiative was determined or evaluated.

Number of people who have benefitted or will benefit from the initiative:

As Sponsor (Pastor/Principal or Director) of the original grant application, I acknowledge that the information included in this report is accurate.

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

## Initiative Record of Expenses

Name of Initiative: \_\_\_\_\_

Please list all expenses for the initiative to date:

[illegible]