

INTERIM REPORT FORM FOR THE HOYT FOUNDATION

(Please attach this cover sheet to the narrative and return to Catherine Schwoeffermann, Executive Director)

GRANTEE: _____ DATE: _____

GRANT NUMBER: _____

NAME & TITLE OF PERSON REPORTING: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

PROGRAM: On a separate sheet of paper, please write a few paragraphs describing progress on your project since the last report or since the grant was awarded. Where possible, this should be tied to stated objectives in the proposal. If the outcome objectives have been modified in any way, this information should be included. **We are interested in any problems you have encountered.**

OF PERSONS TO BE SERVED BY PROJECT: _____

PRESENTLY SERVED: _____

STAFFING PLANNED FOR PROJECT: _____

PRESENT STAFFING: _____

FINANCES:

TOTAL BUDGETED INCOME FOR PROJECT FROM ALL SOURCES: _____

TOTAL INCOME PLEDGED OR PAID FROM ALL SOURCES TO DATE: _____

(Include any information about requests for funding which have been postponed, denied, or have had no response).

TOTAL BUDGETED PROJECT EXPENSES: _____

ACTUAL EXPENSES INCURRED TO DATE **ON THE ENTIRE PROJECT** : _____

WILL BUDGET REQUIRE REVISION? _____ IF SO, PLEASE TELL HOW THIS IS BEING ADDRESSED.

PLEASE ATTACH A COPY OF THE PROJECT BUDGET, SHOWING ANY REVISIONS FROM BUDGET SUBMITTED WITH PROPOSAL.

SCHEDULE: PLANNED TIMELINE FOR PROJECT: FROM: _____ TO: _____

IS PROJECT PRESENTLY ON SCHEDULE? _____ IF NOT, INDICATE REASONS.

ADDITIONAL INFORMATION: Include copies of any publicity which may have occurred regarding this project, including promotional mailings.

REQUEST FOR PAYMENT (if applicable per conditions of contract)

Complete and return the "Request Payment" form which is located on our website at www.hoytfoundation.org.