

St. Cloud Early Childhood Initiative

Grantee Interim Report Form (Narrative only)

The purpose of this reporting format is to monitor the progress of grantees and build greater consistency in how grantees report on their learning and accomplishments. Your candid responses will help us better reflect on the impact of your work and our grantmaking.

Please complete the form and provide your responses, either by inserting your text or attaching additional pages. Please limit your narrative responses (Section III) to a maximum of three (3) pages.

**I. Grant Information**

Organization Name

Grant Title ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

Date of Grant Amount of Grant

**II. Certification & Contact Information**

By typing my name, title and date below, I certify that I am duly authorized to submit this report on behalf of the organization, and to the best of my knowledge the information contained herein is true, accurate and complete.

Name Title \_\_\_\_\_

Date Phone Email

**III. Reflection**

1. Describe the progress you have made towards achieving the original goals of your grant thus far, including evaluation against the measurable objectives cited in your application. You may include progress/impact on your organization, community, and population served.
2. Describe unanticipated challenges or benefits that you have encountered to date.
3. Describe any plans or changes to address unanticipated challenges or benefits encountered.