

KATE B. REYNOLDS CHARITABLE TRUST  
GRANT REPORT FORMS

The following report forms are provided for your convenience.

Your responses should be written to fit within the spacing given for each answer

**TWO SIGNATURES ARE REQUIRED ON EACH REPORT.  
THEREFORE, THESE REPORTS CANNOT BE ACCEPTED ELECTRONICALLY.**

**EXPENDITURE REPORT TO THE KATE B. REYNOLDS CHARITABLE TRUST**

\_\_\_\_ Interim Report (Year \_\_\_\_\_)  
\_\_\_\_ Final Report (Cumulative figures for the entire grant period)

Grant # \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

REPORTING PERIOD: From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

REPORT **ACTUAL** INCOME AND EXPENSES FOR THE PROJECT PERIOD.  
(REFER TO BUDGET SECTION ON PAGE 4 OF THE ORIGINAL APPLICATION.)

**EXPENSES (BY CATEGORIES)**

**INCOME (BY SOURCES)**

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Have you provided the Trust a copy of your independent certified public accounting audit that reflects the expenditures and revenues listed above? \_\_\_ Yes \_\_\_ No

If no, when may we expect to receive a copy of the audit? \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER Date

\_\_\_\_\_  
Please print or type name.

\_\_\_\_\_  
BOARD CHAIR/PRESIDENT Date

\_\_\_\_\_  
Please print or type name.

**PROJECT/PROGRAM REPORT TO THE KATE B. REYNOLDS CHARITABLE TRUST**

\_\_\_ Interim Report (Year)

Grant # \_\_\_\_\_

\_\_\_ Final Report (Summary of entire program/project)

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NAME OF ORGANIZATION, ADDRESS, TELEPHONE NUMBER, AND CONTACT PERSON:

REPORTING PERIOD: From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

**DESCRIBE AND QUANTIFY THE STRATEGIES THAT WERE CONDUCTED TO ACHIEVE THE PROGRAM/ PROJECT OBJECTIVES. (REFER TO STRATEGIES SECTION ON PAGE 3 OF THE ORIGINAL APPLICATION.)**

**DESCRIBE AND QUANTIFY THE PROGRAM/PROJECT OUTCOMES RELATIVE TO THE OBJECTIVES.**  
(REFER TO THE OBJECTIVES SECTION ON PAGE 2 OF THE ORIGINAL APPLICATION.)

**CLEARLY IDENTIFY AND QUANTIFY THE FINANCIALLY NEEDY INDIVIDUALS WHO BENEFITED.**  
(REFER TO THE FINANCIALLY NEEDY DESCRIBED ON PAGE 1 OF THE ORIGINAL APPLICATION.)

**SUMMARIZE THE LESSONS LEARNED FROM THE PROGRAM/PROJECT.** (WHAT DID YOU LEARN? ANY UNEXPECTED RESULTS? WHAT, IF ANYTHING, WOULD YOU DO DIFFERENTLY?)

**IF THE PROGRAM/PROJECT WILL BE ONGOING, DESCRIBE HOW ACTIVITIES WILL BE FINANCED AFTER THE TRUST GRANT HAS ENDED.** (REFER TO THE FUTURE FUNDING SECTION ON PAGE 5 OF THE ORIGINAL APPLICATION.)

SUBMITTED BY: \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER                      DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
BOARD CHAIR/PRESIDENT                      DATE

\_\_\_\_\_  
PLEASE PRINT NAME