

**Z. SMITH REYNOLDS FOUNDATION, INC.**

101 Reynolda Village  
Winston-Salem, North Carolina 27106-5199  
(336) 725-7541 FAX (336) 725-6069

**GRANTEE'S INTERIM REPORTING FORM FOR YEAR \_\_\_\_\_**  
**(To be completed by grantees who received multi-year funding)**

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

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

Telephone: \_\_\_\_\_ Name of Chief Administrative Officer: \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Title of Project/Activity: \_\_\_\_\_ Date of Final Expenditure \_\_\_\_\_

ZSR Grant:	Date Approved	Total Granted	Amount and Date of Payment
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1. What were the original goals and expectations for the project/activity supported by the ZSRF grant? If applicable, how have these goals and expectations been revised or refined during the course of the project?

2. What has the project/activity accomplished with the ZSRF grant funds? Please include factual information to support conclusions and judgments about the project's/activity's impact.

**REPORT SHOULD BE RETURNED TO THE FOUNDATION BY:**

3. From your organization's standpoint, please rank the overall results of the project/activity as follows:

Exceptional             Good             Poor

4. Based on experience, how could the project/activity be improved in the future?

5. List any other funds or in-kind resources, by source and amount, donated to the program/activity during the period of the ZSRF grant support.

6. If the project/activity is a continuing one, briefly summarize future plans and funding prospects.

7. Does this project/activity serve a special population group? If so, please specify (youth, elderly, minorities, women, etc.)

8. How many people have been served to date: \_\_\_\_\_

9. **ON A SEPARATE PAGE, ATTACH AN ITEMIZED REPORT ON HOW ZSRF'S GRANT FUNDS HAVE BEEN SPENT FOR THE PERIOD:** \_\_\_\_\_