Healthy Child
Coalition Central
Region

Report and Program Evaluation
For the Year Ending August 31, _____

Name of Organization: _____

Grant funds received for reporting year: $_____

Grant funds remaining $ _____

If there are funds remaining, please explain why these funds have not been spent to date and what plans have been made for their expenditure in coming months.

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1. **Financial Report:**

Please complete this form using total figures for **all programs funded completely or in part by HCC-CR.** Do not include programs that receive no coalition funding.

Please use the comments section to explain any differences between revenues and expenses.

Include any anticipated expenses for June, July and August.

In the case that the programs received funding from more than one source, please **Indicate with an asterisk the expenses paid with HCC-CR funds.**

_Financial Report for Year Ending August 31, _____			
Expenses		**Income**	
Salaries (Facilitators, contracted staff to run programs)		Healthy Child Coalition Grant	
Salaries (Coordinator)		Other Funding Sources	
Salaries (Childcare)			
Supplies (i.e., craft, handouts)			
Food / refreshments			
Training		Fundraising	
Travel		Donations	
Promotion / Advertising			
Anticipated expenses to year end			
Other (Please specify)			
Total Expenses		**Total Income**	
In kind Services & Resources – please name the in kind contributors for your programming			

Comments:

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2. Program Report

Complete a Program Report using the table below. List only the programs that you planned to deliver with HCC-CR funding. . Fill in the chart, indicating the completion date for each program you did deliver. Indicate the Healthy Child pillars addressed by the program. If you were unable to complete a program indicate the reason why.

Key

L & L: Language and Literacy
P P: Positive Parenting
PHW: Physical Health & Well Being
CB: Capacity Building

Program	Completion Date	Number of Sessions	Number of adults	Number of Children	L & L	P P	PHW	CB	If you were unable to complete a program, please briefly explain why.

3. **Evaluation**:
Please indicate how HCC-CR funded programs are evaluated and what the results of those evaluations have been this year for each funded program. Comment on any changes already or to be implemented as a result of these evaluations.

Signature	Name of Person Completing Report
Title	Date
Signature	Partnering Organization (if applicable)
Name and Title	Date