

**RESPONSIVE GRANTS PROGRESS REPORT**

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

Primary Program Contact Info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Grant Awarded\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grant Amount Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected # to be Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Served to Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any changes in the Organization’s Contact Information (e.g., Executive Director, address, phone number, email)? \_\_\_\_\_ If yes, please state the changes below.

*Executive Director/Chief Executive Officer:*

*Primary Contact for Grant:*

*Address, Phone or Email:*

*PROGRESS IN MEETING OBJECTIVES*

Describe the progress to date in achieving the objectives stated in the funded grant application. Specify program/project activities or services provided to the targeted population, and any outcomes and/or learnings.

Will the planned objectives be achieved by the completion of the grant period? \_\_\_\_ If the program / project objectives are currently not being or may not be met, what circumstances or obstacles are impacting the organization’s ability to achieve the desired results? What changes will be or have been made to successfully complete the program/project?

*NEXT STEPS*

Will the program/project continue after the current funding from St. Louis Philanthropic Organization ends? \_\_\_\_ If yes, what strategies are in place or funding sources to be pursued/are already secured to support the program/project?