



Grant Year September 1, 2023 through August 31, 2024

1889 FOUNDATION  
CREATIVE HEALTH IMPACT GRANT

2023-2024 YEAR INTERIM REPORT FORM

| <b>A. Applicant Information</b> |  |        |  |
|---------------------------------|--|--------|--|
| Organization Name:              |  |        |  |
| Contact Person:                 |  | Title: |  |
| Address:                        |  |        |  |
|                                 |  |        |  |
| Office Phone:                   |  | Cell:  |  |
| Email:                          |  |        |  |

GRANT PROJECT TITLE: \_\_\_\_\_

GRANT PROJECT DATES: \_\_\_\_\_

DATE OF THIS REPORT: \_\_\_\_\_

Name of Person Completing This Report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***B. Grant Project Description and Interim Summary***

Think about your project from the start until now. Complete the questions below. List and describe the activities of your project that have taken place to date. Include successes that you achieved, challenges that you faced, and what plans you have to complete the project. Have your activities met your expectations so far?

1. List the activities of your project that have taken place to date and a brief description of each activity.
2. What was successful?
3. What challenges did you face and how are you addressing them?
4. How many individuals took part in your project activities so far?
5. Have your project activities met your expectations so far?
6. What are the next steps in your project plans?

**Please use this page and the next page to complete this section of the report . Both pages have character limits. Please submit photographs of your project activities with this report.**

***B. Grant Project Description and Summary - Page 2 if needed***



Grant Year September 1, 2023 through August 31, 2024

Please list the Income and Expenses for your grant project **up to the date of this submitted Interim Report**. Income and Expenses do not need to match.

| <b>C. Project Income</b>                      |                                |
|---|--------------------------------|
| LIST SOURCES OF CASH INCOME FOR THIS PROJECT: | DO NOT INCLUDE IN KIND SUPPORT |
| 1. <i>Grant Amount Received:</i>              | \$                             |
| 2.  | \$                             |
| 3.  | \$                             |
| 4.  | \$                             |
| 5.  | \$                             |
| 6.  | \$                             |
| 7.  | \$                             |
| 8.  | \$                             |
| 9.  | \$                             |
| 10.   | \$                             |
| 11.   | \$                             |
| 12. Total Project Income to date of report    | \$                             |



Grant Year September 1, 2023 through August 31, 2024

| <b><i>D. Project Expenses</i></b>            |    |
|--|----|
| LIST EXPENSES FOR THIS PROJECT:              |    |
| 1.   | \$ |
| 2.   | \$ |
| 3.   | \$ |
| 4.   | \$ |
| 5.   | \$ |
| 6.   | \$ |
| 7.   | \$ |
| 8.   | \$ |
| 9.   | \$ |
| 10.  | \$ |
| 11.  | \$ |
| 12. Total Project Expenses to date of report | \$ |