



Grant Year September 1, 2023 through August 31, 2024

1889 FOUNDATION  
CREATIVE HEALTH IMPACT GRANT

2023-2024 FINAL REPORT FORM

**A. Applicant Information**

Organization Name:			
Contact Person:		Title:	
Address:			
Phone:		Cell:	
Email:			

GRANT AWARD AMOUNT: \_\_\_\_\_

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

Please provide two different original signatures and date (in blue ink) on each copy of this document.

<b>SIGNATURES:</b>	
<hr/> <p style="text-align: center;"><b>President, Chairman or Board Member</b> Name and Title</p>	<hr/> <p style="text-align: center;"><b>Project Manager</b> Name and Title</p>

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date



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### ***B. Description of Completed Project***

List your project activities and a brief description of each activity and answer these questions.

- 1) What was successful?
- 2) What challenges did you face?
- 3) What groups were included in your target audience? How many individuals were a part of this target audience that participated in your project? Did this number exceed your expectations, or were fewer than you anticipated?
- 4) How did this project benefit your organization? How did it benefit the participants?
- 5) Will this project continue after the grant period?

**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. Description of Completed Project – Page 2***



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Please list your entire Income and Expenses for your completed project. Total Income and Total Expenses may not match, if you generated additional income or had additional expenses.

<b>C. Project Income</b>	
LIST ALL SOURCES OF CASH INCOME FOR THIS PROJECT:	DO NOT INCLUDE IN KIND SUPPORT
1. <b>Grant Amount Received:</b>	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12. Total Project Income – Must match Project Expenses	\$



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<b><i>D. Project Expenses</i></b>	
LIST ALL EXPENSES FOR THIS PROJECT:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12. Total Project Expenses-Must match Project Income	\$



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## PREPARING THE FINAL REPORT FOR MAILING

The Final Report document should be completed as soon as possible after your project has ended, and no later than September 30. If you have any questions or need help please call Rebecca Catelinet at the PRAA office at 724-840-5688 or 814-255-2033 or email at [director@praa.net](mailto:director@praa.net).

- Please complete the final report and save it as a pdf document.
- Print 2 copies of the report – single sided
- Sign each copy (2 different signatures needed)
- **DO NOT STAPLE**
- **Include one or 2 pieces of support materials showing crediting for the grant**
  - Retain 1 signed copy for your files
  - Mail 1 signed copy to:  
Pennsylvania Rural Arts Alliance  
Attn: Rebecca Catelinet  
PO Box 1410  
Indiana, PA 15701

Thank you for taking part in this grant process!