



Grant Year September 1, 2024 through August 31, 2025

**1889 FOUNDATION
CREATIVE HEALTH IMPACT GRANT**

2024-2025 YEAR INTERIM REPORT FORM

<i>A. Applicant Information</i>			
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

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.

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

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