



Grant Year September 1, 2025 through August 31, 2026

**1889 FOUNDATION
CREATIVE HEALTH IMPACT GRANT**

2025-2026 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.

SIGNATURES:	
President, Chairman or Board Member Name and Title	Project Manager Name and Title

Signature and Date

Signature and Date

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) **Please include statistics** - What groups were included in your target audience? How many individuals took part of the project? What age groups were included? 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?
- 6) Please include comments from participants about what was gained from taking part.

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



Grant Year September 1, 2025 through August 31, 2026

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.

C. Project Income	
LIST ALL 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 – Must match Project Expenses	\$ 0.00



Grant Year September 1, 2025 through August 31, 2026

<i>D. Project Expenses</i>	
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	\$ 0.00



Grant Year September 1, 2025 through August 31, 2026

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 October 31, 2026. 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.

- 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

You may email photos, brochures, posters and other materials that were used to promote and support your grant project. Please send to director@praa.net

Thank you for taking part in this grant process!