**Instructions:**

1. IMPORTANT: save this file to your computer’s hard drive before you begin completing it.
2. Type answers in the right side column. The cell will expand as needed. Save file often.
3. **Email** your completed form to Foundation@DeltaDentalKY.com
4. 2019 Reports **must be emailed by February 28, 2021.**
5. DO NOT include Protected Health Information (PHI) in this report.
6. For assistance with this report, call 502-736-4610 or email Foundation@DeltaDentalKY.com

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| **Grant Information** |
| 1 | Date of Report |  |
| 2 | Report Period | January 1, 2020 – December 31, 2020 |
| 3 | Organization Name |  |
| 4 | Name of program funded |  |
| 5 | Submitted by (name and title) |  |
| 6 | Amount of grant awarded for 2020  | $ |
| 7 | Grant Period |  |
| 8 | Briefly summarize the goal of your project/program |  |
| **Narrative – The goal of this report is to “touch base.”** |
| 1 | Briefly summarize the purpose of the funding received and the issue or need that was addressed as originally stated in your application. |  |
| 2 | What progress has been made in accomplishing the grant purpose? Were you able to complete your project/program? |  |
| 3 | Are there any concerns or problems that have arisen during the project/program? What have you done to address these concerns? Were there lessons learned? Explain. |  |
| 4 | Did you collaborate with other organizations? If so, list the organization and their role in the project/program. |  |
| 5 | How many people were impacted by your project/program? |  |
| 6 | How did this program positively benefit the community? |  |
| 7 | What counties or geographic areas where able to benefit from your project/program? |  |
| 8 | Is there anything further the Delta Dental of Kentucky Foundation may be able to do to help you? |  |
| 9 | Did you collect any success stories, pictures, quotes that could be used to highlight your organizations efforts? If so, please attach them along with this report. |  |