

## Overview

**Instructions:** Please use this word document to draft the responses to the questions below. Only completed reports in SurveyMonkey will be accepted.

### 1. Report Type test

- Progress
- Final

### 2. OCCF Grant Program Name

- Robert & Doreen Marshall Fund for Dramatic Arts and Classical Arts
- Jane Deming Fund
- Margaret E. Oser Fund for Women
- Other (please specify)

### 3. Grant Number

### 4. Grant Amount

### 5. Organization Name

### 6. Project Title

### 7. Grant Period (Period Shown on Grant Agreement)

### 8. Primary Contact Information

- **Name**
- **Organization**
- **Address**

- **Address 2**
  
- **City/Town**
  
- **State/Province**
  
- **ZIP/Postal Code**
  
- **Country**
  
- **Email Address**
  
- **Phone Number**

9. OCCF Funded Project Description Summary (750 characters max)

10. Were there any changes made from the original grant application and what are the reasons for those changes, including changes in date/timeline, budget for the project and services provided. (750 characters max)

### **Program Services**

**Serviced Provided** - Please provide a brief description of the services provided to the intended target population that were provided or supported through OCCF grant funding. Services may include workshops, training, events, case management, counseling, housing, etc. Target population may include women, men, young children (boys and/or girls ages 0-5), children (boys and/or girls ages 6-12), teens (boys and/or girls ages 13-18), general adults, etc.

11. What were the specific goals and objectives of the grant? Please refer to your original proposal. (750 characters max)

12. Unduplicated Number of People Served

*In questions 14-16, please provide detail on up to 3 specific Measurable Outcomes, including the type of service provided, the target population you served, and the number measured. Use the following guide for framing your responses:*

- *Outcome Area: Please specify the intended outcome*
  - *Examples: "increase access to musical education," or "decrease teen pregnancy"*
- *Service Type or Equipment Purchased: Workshop, Training, Counseling Sessions, Case Management, etc and please indicate number or frequency of services provided, if available*
  - *Examples: "3 choral performances," "10 individual counseling sessions," "weekly job training sessions"*
- *Target Population: Please specify age, gender, race/ethnicity, city, etc.*
  - *Example: "Hispanic/Latino female students from Santa Ana"*
- *Number: Approximate Number*

*Sample:*

**Q13: MeasurableOutcome#1**

<b>Intended Outcome</b>	Increase number of youth that graduate college
<b>Service Type or Equipment Purchased</b>	Mentoring and Enrichment
<b>Target Population</b>	First Generation Youth
<b>Number</b>	250

Measurable Outcomes

13. Measurable Outcome #1

- Intended Outcome

- Service Type or
- Equipment Purchased
- Target Population
- Number

#### 14. Measurable Outcome #2

- Intended Outcome
- Service Type or
- Equipment Purchased
- Target Population
- Number

#### 15. Measurable Outcome #3

- Intended Outcome
- Service Type or
- Equipment Purchased

- Target Population
  
- Number

16. Please provide any additional narrative that would be helpful in explaining your outcomes listed above. (750 characters max)

**Budget**

17. Project Income Sources - Please provide the ACTUAL dollar amount received by each of the Income Sources, as well as the total Income actually received for this project.

OCCF	\$
Foundations	\$
Corporations, and/or Government	\$
Fundraising and/or Contributions	\$
Program Fees	\$
Other Income	\$
Total Income (sum total of all above sources)	\$

18. Project Expenses - Please provide the ACTUAL dollar amount expended by the project in each of the Project Expense areas, as well as the actual total project expenses

Personnel (plus benefits)	
Supplies/Equipment	
Consultants/Subcontracts	
Travel	
Postage	
Printing	
Other Direct Costs	

Indirect costs	
Total Expenses (sum total of all above expenses)	

19. Please describe specify how OCCF grant funds were used. Refer to the project expense categories above to provide detail on personnel/benefits, supplies/equipment, consultants/subcontracts, travel, etc.. (750 characters max)

### **Success and Challenges**

20. What has been your greatest accomplishment? (750 characters max)

21. Please provide an example of a success story in working with an individual who was directly impacted by your program. (750 characters max)

22. What have been your greatest challenges? How have you worked to overcome those challenges? (750 characters max)

23. What lessons have you learned to improve your program for the future? (750 characters max)

24. What new or improved partnerships have you developed with other nonprofit organizations? Please highlight examples of how you have partnered with other organizations. (750 characters max)