# Walters Family Foundation

# Final Report Questions

All grantees must submit a final report detailing the impact and outcomes of their Walters Family Foundation-funded initiative.

Please submit your final grant report within 45 days after conclusion of the grant period through the online portal. Refer to your grant agreement letter for details about your reporting schedule.

## Grant Funds

Please describe how grant funds were used. Were grant funds expended as budgeted? Are there any grant funds remaining?

## Outcomes

What specifically was achieved as a result of this grant? Describe the results achieved towards meeting the goals and objectives outlined in your original application. If any of the goals or objectives were not met or changed, please explain why.

## Impact

Did the project achieve the impact described in your original application? What benefits or improvements did this grant have on your constituency and/or the community? Were there any unanticipated positive results? If applicable, please also quantify how many children, youth, adults, or families were served by this project.

## Impact Metrics

Now that the grant is complete, please provide your final results for the impact metrics stated in your grant application and grant agreement.

## Challenges

What internal or external challenges did you face in connection with this project? How did you address those challenges? Were the challenges mitigated or resolved?

## Lessons Learned

What are the most important lessons learned during this grant? What did you do particularly well? What might you have done differently? Did the project add to the knowledge of a subject or field or improve your organizational service delivery? If a formal evaluation was completed, please upload document.

## What's Next?

Share your specific plans for future work on this project. Will it continue? If so, have you sustained or will you sustain the project operations, benefits, momentum, and spirit of this project? How do you intend to fund this project going forward (if applicable)? What additional funders have committed support for this project and at what level?

## Share a Story

Please share a story that you think best represents the impact of this grant, including client testimonials.

## Additional Information

Are there additional insights, other changes or pertinent information that you would like to share with us? Do you have any advice or feedback that you would like to share with the Walters Family Foundation to help us improve our grantmaking effectiveness?

## Required Documents

- Project Budget vs Actual: Use the template provided.

- Current year organizational budget.

- Most recent audited financial statements, if applicable.

- Project photographs.

- Evaluation report, if applicable.

- Other supporting documents (i.e. reports, press coverage, videos, etc.).

## How Can We Help?

If you would like any assistance, please contact Libby Levy, Director, Walters Family Foundation, by phone at (248) 205.1390 or e-mail at libby@waltersffmi.org.

# Project Budget vs Actual Form

Organization Name: _____     Date: _____

Project Name: _____     Period of Reporting: _____ to _____

## Instructions

Please complete and upload an itemized budget using this form. Compare the original budget submitted with the application to the actual budget associated with the completed project. For expenses, show how the Walters Family Foundation funds were allocated. For capital projects, please attach the detailed expenses as well.

## Revenue

| REVENUE SOURCES | ITEMIZED DETAILS | ORIGINAL BUDGET | ACTUAL REVENUE RECEIVED | BALANCE |
|---|---|---|---|---|
| Walters Family Foundation Grant | | | | |
| Government Grants | | | | |
| Foundation Grants | | | | |
| Corporate Grants | | | | |
| Individual Contributions | | | | |
| Earned Income | | | | |
| Membership Income | | | | |
| Other (Itemize) | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |

## Notes

# Expenses

| PROJECT EXPENSES | ITEMIZED DETAILS | ORIGINAL BUDGET | ACTUAL EXPENSES | WALTERS FAMILY FOUNDATION GRANT |
|---|---|---|---|---|
| Salaries (Itemize and specify FTEs) | | | | |
|     Payroll Taxes | | | | |
|     Fringe Benefits | | | | |
| Capital Costs (Itemize) | | | | |
| Consultants/Contracted Services (Itemize) | | | | |
| Professional Services (legal, accounting, etc.) | | | | |
| Training | | | | |
| Travel | | | | |
| Equipment & Supplies | | | | |
| Printing & Copying | | | | |
| Postage & Delivery | | | | |
| Marketing | | | | |
| Evaluation | | | | |
| Rent | | | | |
| Other (Itemize) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** | | | | |

# Notes