**REPORT SUMMARY SHEET FORM**

**Legal Name of Council:**

**DBA (if applicable):**

**Mailing Address, City, State, and Zip:**

**Phone:**  **EIN:**

**Website:**

**CEO/Executive Director:**

**Phone:** **Email:**

**Report Contact & Title** (if *not* the CEO/Executive Director)**:**

**Phone:** **Email:**

**Dates Covered by This Grant:**

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**Grant Amount: Grant ID Number (if applicable):**

**Summary of the Grant Purpose:**

**Have there been any changes to your organization’s federal tax exempt status since you were awarded this grant?** □ No □ Yes (Please explain in the narrative section)

By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

**CEO/Executive Director Date**

**GRANT REPORT NARRATIVE**

*Please limit report to five pages. Also, include the* ***HEADING*** *provided for each question.*

*It is not necessary to repeat the text of the questions.*

1. **PROGRESS AND RESULTS.** Please complete the following table to share the progress made during the grant period. This may include updates about activities within these categories that were and were not directly funded by the Buell Foundation. You may want to build off of previous reports submitted to the Buell Foundation when completing this table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Summary of goals and objectives** | **Activities completed during grant period** | **Provide key evaluation results/progress over past year and note the evaluation tool used. As applicable, please include data from ECCLA’s the Council Impact Tool.** | **How will evaluation information be used to inform future work?** |
| **Infrastructure/Systems Building** |  |  |  |  |
| **Workforce/Professional Development** |  |  |  |  |
| **Quality Improvement** |  |  |  |  |
| **Increased Access to Child Care** |  |  |  |  |
| **Direct Services (please list each service in a separate row)** |  |  |  |  |

1. **SUCCESSES AND CHALLENGES.** Describe the significant successes and challenges the council experienced related to the funded grant. Also include any significant changes in your programs that took place during the grant period.
2. **ADDITIONAL INFORMATION.** Share additional information that has happened during the grant period that has not been included above.

**ATTACHMENTS**

**Instructions:**

Along with the narrative, submit the following attachments. Label each attachment. Please note that you may be providing financial statements for more than one year to cover the funded grant period. It is generally understood that the fiscal year(s) of the funder, nonprofit, and grant period may not align.

1. **FINANCIAL STATEMENTS.**
   1. Submit your council’s Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) for the years(s) in which the grant was used. An audit is requested if available as your year-end financial report.
   2. Submit income and expenditure information compared to the budget submitted with your previous Buell Foundation Early Childhood Council Application.
2. **ACCOMPANYING NARRATIVE RELATIVE TO THE APPROVED GRANT (if applicable).**
   1. Explain any significant changes in the council’s financial position since the grant was awarded.
   2. If all funding was not expended during the grant period, explain why.
   3. Explain any major variances (20%+) between the approved budget and the final financial statements being submitted with this report.
3. **EVALUATION RESULTS.**

If you wish to provide evaluation or assessment information beyond the description in Question 1, you may include an attachment. Note: providing this attachment does not take the place of the information requested in Question 1.