



Snow-Redfern Foundation

P.O Box 639 ∞ Alliance, NE 69301 ∞ 308.762.6370

sara@snowredfern.org ∞ www.snowredfern.org

FINAL GRANT REPORT

GRANT RECIPIENT INFORMATION

Organization Legal Name:	Tax ID #:
Mailing Address:	Physical Address:
Organization Director:	Director Email:
Primary Phone:	Grant Project/Program Title:

TARGET POPULATION SERVED

Target Population: (This includes data related to youth served using Snow-Redfern Foundation funding).

Target Population	Proposed	Actual
Total Number of Youth/Children Your Organization Served Overall between December 1 and May 31.		
Total Number of Youth/Children (0-19 years old) served using SRF grant funds between December 1 and May 31.		
Of those served with SRF grant funds , Total Number that were: At-Risk, Disadvantaged, or had behavioral health challenges.		

PROJECT GOAL ACHIEVEMENT

Please provide an update on achievement of goals, as originally identified in your grant application. Measurement of goals should be identified by use of tools (satisfaction surveys, assessments), activities or events held, tracking, or other means. If goals were not achieved, explain why in the progress narrative. If there are additional goals, attach narrative.

Goals Identified in the Grant Application:

GOAL #1:

Was this goal achieved? Yes No

How did you measure goal/strategy achievement?



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Progress Narrative:

Did you achieve the result you expected? Explain:

GOAL #2:

Was this goal achieved? Yes No

How did you measure goal/strategy achievement?

Progress Narrative:

Did you achieve the result you expected? Explain:

GOAL #3:

Was this goal achieved? Yes No

How did you measure goal/strategy achievement?



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Progress Narrative:

Did you achieve the result you expected? Explain:

PROJECT BUDGET REPORT

Provide an update on Project Grant funds received and how they were spent.

PROJECT EXPENSES		GRANT BUDGET TIMEFRAME Start Date: 12/1/20 End Date: 5/31/21	
<i>Item</i>	Note #	Snow-Redfern Foundation	Other Sources of Income for THIS project/program only
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Snow-Redfern Foundation		\$	\$
Total Other		\$	\$
Total Expenses		\$	\$

BUDGET NARRATIVE:



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PROJECT/PROGRAM PROGRESS NARRATIVE

1) Did the project differ in execution from the program presented in the proposal?

Yes No If so, how?

2) What were the successes and challenges you experienced in completing this project, including within the target population, your organization and the community you served?

3) Do you plan to continue this project?

Yes No If so, how will funding be secured?

4) Did you credit Snow Redfern Foundation for support on the project in publicity generated and printed material?

Yes No How?



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Please provide quotes or stories of impact from this grant:

Provide a brief summary on the project:

Please include any relevant photos or videos from the grant that help tell the story visually (send electronically to sara@snowredfern.org) and reference the grant you received).

CERTIFICATION AND AUTHORIZATION

I certify that I am authorized to represent the organization reporting for this grant, and that the information contained in this application is accurate.

Printed Name of Executive Director or Authorized Board Officer

Signature of Executive Director or Authorized Board Officer

Date