



To complete this report: Use your tab key to move from field to field and enter requested information. The fields will expand as needed by continuous typing. In larger areas, you may use your enter key to add paragraphs.

Progress Report

FILE# _____

DUE DATE _____

Reporting Period _____ to _____

Grantee _____

Project Title _____

Person completing the report: _____

Address _____ Phone # _____

City _____ State _____ Fax # _____

E-mail Address: _____

SUMMARY OF PROJECT OUTCOMES

Summarize the progress toward the outcomes of the grant. This may be used for publicity purposes, such as our web page or news articles. It should not exceed five sentences.

PROGRESS NARRATIVE

On next page, complete a Brief Narrative Report including:

- The accomplishment of original objectives and goals.
- Problems, challenges or unexpected changes to the project. What would you do differently?
- A list of organizations involved and their role in the project.
- Other information (such as mentoring of similar projects, presentations at workshops, etc.)
- Any discrepancies between proposed and actual budget, with explanation.
- How did you promote/publicize the SWMF partnership with this project? (include copies of news articles)
- Anecdotal information from the participants of the project.
- Evaluation of the project - The primary purpose of evaluation is to learn about the outcomes of your project. This information is beneficial to all of us to help us make decisions on future projects. True outcomes will include changes regarding attitudes, knowledge, skills, and behavior. Also include what you learned and what you will change. Was your project consistent with the work plan you proposed initially?

**If the funding for your project included any surveys, evaluations, or other studies, please include a copy of your results.

SOUTHWEST INITIATIVE FOUNDATION
PO Box 428
Hutchinson, MN 55350
800-594-9480 or 320-587-4848
fax 320-587-3838 email grants@swifoundation.org
www.swifoundation.org

PROGRESS NARRATIVE

**Please address the items on the previous page by typing in the box below.
(The box will expand as needed while typing.)**

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DEMOGRAPHIC DATA

Please identify **unduplicated** numbers of participants in this project. (Those with whom actual contact has been made and who can be specifically identified as participating in the project.) It is important for our records that you submit the number of all participants, volunteers, and organizations involved in this project, along with your summary and evaluation.

Please use TOTAL numbers since the beginning of the project.

Organizations/Agencies Involved

Non-profit Organizations _____
 Government _____
 Public Agency _____
 Civic Organization _____
 Other _____
 TOTAL ORGANIZATIONS _____

TOWNS/CITIES

TOTAL Towns/Cities _____
 Under 2,500 population _____
 2,501 to 10,000 _____
 Over 10,001 population _____

List of Cites/Towns _____

COUNTIES/DISTRICTS

Counties _____
 Reservations _____
 School Districts _____
 List of Counties:

Other Pertinent Data

Number of Volunteers _____
 # of hours by volunteers _____

Race/Ethnicity of Participants

Caucasian _____
 Hispanic _____
 Black _____
 Native American _____
 Asian _____
 Mixed _____
 Other _____
 Not Available _____
 TOTAL# Participants _____

GENDER

Male _____
 Female _____
 Not Available _____
 TOTAL _____

AGE

Under 18 _____
 19 to 59 _____
 Over 60 _____
 Not Available _____
 TOTAL _____