

# THE SEYBERT INSTITUTION

Post Office Box 540, Plymouth Meeting, PA 19462 • Phone: (610) 828-8145 • Fax: (610) 834-8175

## AFTER SCHOOL PROGRAM GRANT REPORT FORM

Your grant report is March 15, 2009. It should not exceed four (4) pages. Please attach this sheet to your report.

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date grant was received (month and year): \_\_\_\_\_

Purpose of grant or project name: \_\_\_\_\_

Amount awarded: \$ \_\_\_\_\_

Briefly report on the following. A paragraph on each topic should be sufficient.

### ❖ Program

1. How many students did you expect to serve on a daily basis? How many did you serve daily? How many individual students did you serve throughout the school year?
2. List activities and special events
3. Did the program live up to your expectations? Please explain.
4. What did you learn from the after school program? Include examples of successes and shortcomings and explain how these will affect future after school programs.

### ❖ Finances

1. Program budget: \$ \_\_\_\_\_ Amount raised: \$ \_\_\_\_\_  
*If amount raised was less than goal, explain how you revised the program.*
2. Unspent balance of grant, if any: \$ \_\_\_\_\_  
*If the entire grant was not spent, you may request permission to use the balance for other charitable purposes.*
3. Attach financial statement for the program including all income and expenses.  
See attached form

I certify that this grant was used solely for the purpose designated and that it was used solely to benefit disadvantaged young people who are residents of the city of Philadelphia.

Name & Title \_\_\_\_\_ Date: \_\_\_\_\_