

**WOMEN OF SAINT MICHAEL 2018 GRANT - FINAL REPORT**

SECTION 1: NARRATIVE REPORT

**Grant Period:** May 2018 – April 2019

**Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Please briefly describe the purpose of the grant.**

**2. What program outcomes did you achieve with this grant? Please be as specific as possible.**

**3. Did you achieve any special, positive outcomes from your grant that were unforeseen?**

**4. Please share any significant “lessons learned.”**

**5. Please share a success story.**

SECTION 2: FINANCIAL REPORT

**Total Grant Award: $\_\_\_\_\_\_\_\_\_\_**

**Grant Expenditures Chart: May 2018 thru April 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Budget Line Items\*** | **$ amount Approved** | **$ amount expended**  | **Variance Explanation** **(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Totals**  | **$** | **$** | **$** |

*\*Note: Please add additional lines to chart, if needed.*

**SECTION 3: SIGNATURES**

**Final Report reviewed and approved by (both signatures required):**

Chief Executive Officer/Executive Director (Type Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President or Chairman of the Board: (Type Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this form when funds are expended. You may include report with your 2018 application or mail Return Final Report and Signature Page to:**

The Women of Saint Michael Gifts Committee

Saint Michael and All Angels Episcopal Church

8011 Douglas, Dallas, TX 75225

**Please note: Submission of this Final Report Form is required for future WOSM funding.**

***Thank you!***