![Georgia's Own Foundation logo]

[End of Grant/Semi-annual] Progress Report

for the [six-month] period ending
[Date]
for
[Program Name]
[Organization Name]

Instructions & Hints

1. Fill in details, including your program and organization name, above. Indicate whether this report is an *End of Grant Progress Report* or a *Semi-annual Progress Report* by deleting the incorrect term.

2. Type an answer following each item.

3. Generally, short, precise, and clear answers are preferred over long responses.

4. Read through the entire *Progress Report* template prior to completing it. This will help you know how to structure your responses.

5. This *Progress Report* template is designed to correspond to the *Request To Support a Program* at several critical points. You will need a copy of it available as you complete this form.

6. When you have completed the *Report*, delete this "Instructions & Hints" section and each question/instruction below and simply provide your answer under each heading.

7. Do not include additional information not requested or attach documents.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

INTRODUCTION

Briefly restate the purpose of your grant; explain in general terms the progress of the program in achieving that purpose. Set the stage. *(Use less than 200 words.)*

TYPICAL STORY

Provide an illustration of your program achieving its mission to generate outcomes by telling a story of someone whose life was changed by your work. *(Using a "typical" story is more powerful than a "best case" story. Use up to half a page.)*

TABLE OF ACCOMPLISHMENTS

The table that follows is the heart of your *Report*. Complete it thoroughly and carefully. Information and data in the table must be for the period on which you are reporting (usually semi-annually).

Definitions
Key terms used in the table are defined as follows:

1. ***Activities***: key **internal** activities the organization undertook to operate the program (not ones that "touch" the population that you serve).

2. ***Outputs:*** primary **external** activities the organization conducted that provided services to the population that you serve.

3. ***Outcomes:*** changes in the behavior, skill, knowledge, attitude, or situation for persons served by a program. *(Outcomes should match those specified in your Request to Support a Program.)*

Each category—activities, outputs, and outcomes—should have 3-5 line items, though you may include more. Delete any unused rows.

Guidelines

1. ***Activities, outputs, or outcomes.*** Itemize the activities, outputs, and outcome your organization intended to accomplish during the reporting period. The outcomes must correspond to those in your *Request To Support a Program* (see Questions 7 & 8). You may add additional outcomes. However, if you do not report on the outcomes anticipated in your *Request To Support a Program,* provide a detailed explanation. *(Use one short sentence per item.)*

2. ***Planned Quantity.*** Provide the intended quantified metric associated with the item. (E.g., How many of the "activity" you planned to do. How many of a given output you expected to deliver.) *(Use a number or a range with a parameter.)*

3. ***Actual performance.*** Provide brief *quantified* metrics of the actual accomplishment for the item as of the final date of the current reporting period. *(Use a few words or numbers.)*

4. ***Explanation of variance.*** Provide a brief explanation of any variance between planned and actual performance. (Use *one brief sentence. Where there is no variance, no comment is required.)*

5. ***Anticipated end-of-grant performance.*** Provide an estimate of your end-of-grant performance, by selecting one of the following three categories: "miss," "achieve," or "exceed."

6. ***Explanation of variance.*** For "miss" items, briefly explain the reasons for the variance between the originally anticipated end-of-grant performance and your current anticipated end-of-grant performance. Leave this column blank for items classified as "achieve" or "exceed." *(Use one brief sentence.)*

If this is an end-of-grant report, delete columns 5 & 6.

As an illustration, two examples are provided in each category from an imaginary sex trafficking rescue organization. Type over them with your organization's items.

Table of Accomplishments
for the period ending
[Date]

1. Item	2. Planned Quantity	3. Actual Performance	4. Explanation of Variance	5. Anticipated End-of-grant Performance	6. Explanation of Miss Variances
Activities					
1. Hire and train staff.	2 outreach workers, one social worker	1 outreach worker, 1 social worker	Difficulty finding outreach worker who can speak Eastern European languages	Achieve	
2. Develop written operations manual including detailed safety guidelines.	1 35-page manual	Written, undergoing legal review	Board wanted legal review done to mitigate liability	Achieve	
3.					
4.					
5.					
Outputs					
1. Perform 3 hours of street surveillance for five nights each week.	15 hours per week for 20 weeks = 300 hours	20 hours per week for 19 weeks = 380 hours	Outreach workers find it necessary to remain on site for 4 hours to be effective; one week lost due to hurricane.	Exceed	
2. Conduct 45-minute "information & advocacy" meetings in churches.	12 meetings	9 meetings	Churches require considerable explanation to let an "outsider" in & address this topic	Miss	Extra churches may be scheduled in the second 6-month period, but likely will only achieve 20-22 against a goal of 24.
3.					
4.					
5.					

Progress Report as of [Date]
[Program Name]
[Organization Name]

1. Item	2. Planned Quantity	3. Actual Performance	4. Explanation of Variance	5. Anticipated End-of-grant Performance	6. Explanation of Miss Variances
Outcomes					
1. Girls are rescued from traffickers, and removed from the area where they were abused.	1.5 per month = 9 for 6 months	5	Working with only one outreach worker has reduced rate of rescue	Miss	See column 4; rate of rescue should be achieved once staff are hired.
2. Recued girls gain access to federal benefits & are in-process to obtain T-visas.	All rescued girls	100%	N/A	Achieve	
3.					
4.					
5.					

Progress Report as of [Date]
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OBSTACLES

If there have been any obstacles encountered in implementing the original program strategy and plan, explain them and your actions in dealing with them. Obstacles could include: internal problems encountered, shortcomings in the planned strategy, external changes in circumstances, difficulty in obtaining resources, challenges in gaining access to the population that you serve, etc. If you have not encountered any obstacles, merely type "No obstacles." *(Use less than 150 words.)*

STRATEGY/PLAN/STAFFING CHANGES

If there have been any changes to your program plan, or if you are contemplating changes, describe the change. If your current course of action is different from that stated in your *Request To Support a Program*, explain the changes here. This includes changes in strategy, staffing, population served, partner organizations, timing of plan implementation, metrics relating to the number of persons served, etc. If you have not made any changes, merely type "No changes." *(Use less than 150 words.)*

ADDITIONAL INFORMATION

If there is information of which you would like Directors at the Foundation to be aware, write it here. *(Use up to half a page.)*

GRANT EXPENDITURES

What proportion of the grant from the Foundation was spent by the end of the reporting period? If the rate of utilization is different from projected, explain the variation.

USE OF FUNDS

Have any funds provided by the Foundation been used, at any time, for a purpose different from that stated in your *Request To Support a Program*? (Yes or No). If "Yes," explain. *(Use less than 150 words.)*

AFFIRMATION

I affirm that the information in this *Progress Report* is true in every respect.

_____   _____
Signed   Date

_____   _____
Name   Title

Progress Report as of [Date]
[Program Name]
[Organization Name]

SUBMISSION INSTRUCTIONS

Do not add a cover letter to your *Progress Report*. This form and attachments are sufficient.

Mail or email a signed copy of this *Report* to:
    Ms. Marin Kraushaar
    Georgia's Own Foundation, Inc.
    100 Peachtree Street
    Suite 2800
    Atlanta, GA 30303
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