**SOMA Foundation  
Grant Status Report**

The Grant Status Report is reviewed by all Foundation staff and board members and enables the Foundation to learn about the activities, accomplishments and challenges that were generated by the grant as well as how the Foundation funds were utilized. Please be sure to *address each item as thoroughly as possible*.

All reports must be completed using this form. Interim reports are required every 6 months – from the date of the grant award. Final reports may be submitted at any time, but otherwise are due by the next reporting period for the grant. Please note that submission of this report in a timely fashion is extremely important. No new requests will be considered until a satisfactory report on this grant has been received. If you are unable to meet the reporting deadline, you must contact the Foundation prior to the due date.

Instructions for Completing the Form:

This form may be completed by typing your responses in the shaded areas. Those text boxes will expand to an unlimited number of characters. This report may be submitted by

1. Printing, scanning, and e-mailing to [info@somafoundation.net](mailto:info@somafoundation.net)
2. Printing and sending by postal mail to Post Office Box 5346, Columbus, GA 31906
3. Clicking the “SUBMIT” button at the end of the form.

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| **ORGANIZATION NAME** |  |
|  |  |
| **GRANT CYCLE** |  |
|  |  |
| **ORIGINAL GRANT AMOUNT** | **AMOUNT SPENT TO DATE** |
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|  |  |
| **REPORT STATUS (CHECK ONE)** | Interim /  Final |
|  | \* A report will not be considered final unless all funds have been expended and properly accounted for. |

**Status Report Summary**

Please refer to your original grant proposal in responding to the following questions:

1. ***Expected Outcomes:***

**Provide a description of the expected outcomes for the project / program supported by the grant and progress towards those outcomes. Be sure to demonstrate specific evidence supporting the stated outcomes. Include both numerical and qualitative data.**

1. ***Individual Sustainability:***

**Describe how the grant has helped improve individual’s sustainability, which is the capacity to care for themselves, their families and other direct dependents.**

1. ***Organizational Sustainability:***

**Describe how the grant impacted organizational sustainability, including, but not limited to, financial sustainability (the organization’s capacity to develop and maintain an appropriately diverse and consistent stream of revenue that underwrites all operational activities), management sustainability (the organization’s capacity to manage organizational activities in an efficient and effective manner), and missional sustainability (the organization has not “drifted” from its original purpose as defined in their Bylaws, Articles of Incorporation, etc.)**

1. ***Collaboration:***

**Did the grant support impactful collaboration between organizations? If so, please provide details of the collaboration.**

1. ***Leverage:***

**Were grant funds used to leverage other funding? If so, please describe the matching opportunity, and how the organization implemented the plan to acquire matching funds.**

1. ***Other:***

**Is the project proceeding according to the original time projections? If not, please explain, including supporting documents and revised estimates.**

**Please provide any other information that the grantee believes helpful or important to the Foundation.**

***For Final Reports, please also answer the following questions:***

1. ***Evaluation*:**

**What has contributed to or impeded the success of this grant?**

**For those projects which received a grant as start-up or initial funding, please note the plans, if any, for continuing the program, including future potential funding sources.**

# Financial Reporting

Dates covered by this report: From:       To:

**Original Grant Balance**:

Please complete a line item breakdown of expenses paid from grant versus actual budgeted expenditures. If different from budget submitted with application, please explain\*:

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| --- | --- | --- | --- |
| Budget Item | Budget Amount | Amount Spent this Reporting Period | Total Actual Spent to Date |
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| **Total** |  |  |  |

**Amount Remaining of Grant (Original Amount less Total Actual Spent to Date):**

\* If additional space is needed or if you have the above, required information in an existing file, you may attach it as an additional sheet to this report clearly identifying it.