

Copy of Responsive Final Report

Introduction

Please complete this requirement by the appropriate deadline. You must use Internet Explorer, Safari, or Firefox to complete this requirement. Other browsers are not compatible with this system. Complete all required fields and upload all required attachments.

To avoid losing work, we recommend recording your answers in a word document and then transferring them to the online application. Instructions for attachment upload can be found on the Attachments Page of this application. Please note that the report is not complete without the required attachments.

Need Assistance?

Questions about Responsive Grants

If you have questions regarding Art and Culture or Field of Interest please contact Stephanie Hyre at shyre@tgkvf.org.

If you have questions regarding Basic Needs please contact Derek Vance at dvance@tgkvf.org.

Technical Assistance

Please contact Candace Krell at ckrell@tgkvf.org.

Organization Information

Please review the information below and confirm its accuracy. If you have any questions or concerns regarding the information provided below, please contact your program officer.

Organization Contact Information

Organization Name

Address

City State

Zip Code

Contact Information

Contact Name:

Contact Phone:

Contact Email:

County where lead contact is based:

Project Information

Which priority area did this project impact?

Project Title

Project Start Date

Project End Date

Demographic Information

Target Population Served

What is the unduplicated number of people served by this project?

What is the approximate number of individuals that this project served more than once?

The following information will correspond to the unduplicated number of individuals served.

Which age group(s) did this project served?
Enter a numerical value for the fields listed below.

****All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.****

0-5 years

6-12 years

13-18 years

19-24 years

25-40 years

41-64 years

65 years +

Adult, Unknown Age

Child, Unknown Age

Which gender(s) did this project served?

Enter a numerical value for the fields listed below.

****All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.****

Female

Male

Other

Which ethnic group(s) did this project served?

Enter a numerical value for the fields listed below.

****All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.****

African American

Asian/Pacific Islander

Caucasian

Hispanic

Multi-Ethnicity

Native American

Other

Which income group(s) did this project served?

Enter a numerical value for the fields listed below.

****All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.****

Low Income

All Income Levels

How many residents from each county did this project served?

Enter a numerical value for the fields listed below.

****All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.****

Boone County

Clay County

Fayette County

Kanawha County

Lincoln County

Putnam County

Impact Evaluation Information

Impact Evaluation Information

It will be helpful to reference your original application to TGKVF as you complete this section.

1. Give a brief description of the services this project/program provided.

2. How was the target population involved in the development, management, and/or evaluation of the project?

3. Overall, did your project produce the change or impact defined in this proposal?

a. If yes, please name two or three of the main factors that helped the project succeed.

b. If no, please name two or three of the main barriers that kept the project from producing the desired impact.

4. What types of **Community Wealth did this project help strengthen?**

5. What Outputs did your project produce?

All of these items are required. Please place a "0" in the field if there were no participants that met that criteria.

Number of items provided.

Numerical values only

What items were provided?

(Please include both the tangible item and the number provided. Example: 300 dentures,

150 first aid kits, etc.)
If not applicable, please put a N/A in the field below.

Number of things built or improved.

Numerical values only

What was built or improved?

(Please include both the tangible item and the number provided. Example: 1 new roof, 2 heating/cooling systems, etc.)

If not applicable, please put a N/A in the field below.

Number of people present at presentations made.

Numerical values only

Who was presented to?

(Please include both the tangible item and the number provided. Example: 285 concert attendees, 150 training attendees, 550 conference attendees, etc.) If not applicable, please put a N/A in the field below.

Number of presentations made.

Numerical values only

What presentations were made?

(Please include both the tangible item and the number provided. Example: 2 concerts, 4 trainings, 8 conferences, etc.)

If not applicable, please put a N/A in the field below.

Number of partnerships developed/sustained.

Numerical values only

List each **collaborating partner** in this project. Please also include the type of partnership (E.g. programmatic, funding, in-kind, referral-based, etc.).
If not applicable, please put a N/A in the field below.

6. Tell us a story.

Every project has a story to tell. Some are the stories that make it all worthwhile; others are the stories that keep us up at night. Please share a story of an individual or family who was impacted by the program this grant helped fund.

(Please do not include any information that would identify a program participant or client.)

7. Upload a photo that represents this project.

Sustainability

Sustainability

1. Do you anticipate continuing this project beyond the grant period?
2. What other funding is currently supporting this project? Indicate the amounts and whether the funding is committed or pending.
3. What other funding do you anticipate supporting this project in the future?
4. What in-kind resources are supporting this project? Name the resource, the contributor, and the estimated value of the resource.

Refer to the [Brown School of Social Work's eight components of sustainability](#) for the following questions.

5. Please grade your organization on the following components of sustainability.

Environmental Support

Partnerships

Funding Stability

Organizational Capacity

Program Evaluation

Program Adaptation

Communications

Strategic Planning

6. If you responded "needs improvement" or "weak" for any of the above, explain the actions you will take to strengthen those areas.

7. How can TGKVF assist you in strengthening any of the eight sustainability components?

Financial Resources

Financial Resources

1. Did your organization successfully raise the necessary funds to fully implement the project?

2. If the full amount needed was not raised, how was the project's implementation affected?

3. What financial resources will be available for the continuation of this program/project?

What is the plan for sustaining the program/project?

4. Did this grant allow your organization to leverage in-kind services? If so, how much and from what sources?

5. Please attach a detailed accounting (income statement, statement of cash flow, etc.); invoices and receipts must be made available upon request.

If funds are remaining they must be returned to TGKVF. Receipts and invoices must be available upon request.

6. Please provide any other comments here.**Need Assistance?**Questions about Responsive Grants

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