Grant 6-month Interim Report

Please submit the form to the Foundation by email, foundation@altrusa.org. Do not mail the report to the Office.

(Please type or print)

Applicant_____

Project/Program Name: _____

Name and Title of Individual Preparing Report_____

Telephone: _____

E-mail: _____

Date of Grant Award:_____

Please answer the following:

1. Program/Project Start Date:_____ Estimated End Date: _____
2. Is the applicant on track for meeting the timeline presented in the grant application? If not, please provide a brief explanation.

   _____

   _____

   _____

   _____

3. Describe any changes to the program/project (i.e., scope of services, partners, participants, budget, etc.) not indicated in the grant application (or N/A if none).

   _____

   _____

   _____

   _____

4. Describe any recognition the program/project, Altrusa or ASTRA Club, or organization has received. Please attach any documents, articles, social media and pictures.

_____

_____

_____

_____

5. Please share a story or highlight about the program/project. Include testimonials and pictures, if available (use additional pages as needed).

_____

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_____

Signature: _____ Date: _____

Please return the completed 6-month Interim Report to: foundation@altrusa.org