**Detroit Public Schools Foundation**

**Interim Report Form**

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| **Grant Information** |
| Grant Number: Click or tap here to enter text. | Grant Amount: Click or tap here to enter text. |
| Grant Start/End Date: Click or tap here to enter text. | Date of Evaluation: Click or tap to enter a date. |
| **Grantee Contact Information** |
| Project Name:  | Click or tap here to enter text. |
| Organization: | Click or tap here to enter text. |
| Contact Name/ Title: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. | State: state | Zip Code: zip code |
| Phone #: | Click or tap here to enter text. | Fax #: Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| **Progress on Goals, Activities, and Timeline** |
| 1. What progress have you made towards achieving your objectives? List objections and progress indicators.
 |
| Click or tap here to enter text. |
| 1. Do you anticipate any difficulties in completing your progress in the timeframe outlined in your proposal? If so, please explain.
 |
| Click or tap here to enter text. |
| 1. What challenges are you facing as you move forward with this program? How are you approaching these challenges?
 |
| Click or tap here to enter text. |
| 1. Please provide student participant demographic breakdown (if possible) and other participant data to date.
 |
| Click or tap here to enter text. |
| **Communication** |
| 1. Provide an update on the project marketing/communications plan (provide copies of any media engagement, collateral materials, etc.).
 |
| Click or tap here to enter text. |
| **Staff Changes** |
| 1. Please report any staffing change(s) related to this grant.
 |
| Click or tap here to enter text. |
| 1. Budget *(check one)* [[ ] ] DPS Foundation managed the funds for this grant and I certify that all expenses have been submitted.

[[ ] ] DPS Foundation disbursed the funds to the grantee and a separate budget, including a copy of all receipts and invoices is attached. |
|  **Grantee Evaluator** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **email** completed interim report form with all other required documentation to Erica Sanders at esanders@dpsfdn.org. In the subject line of the email please type **INTERIM REPORT** and **your grant number. Note:** The Foundation will not accept Interim Reports and related attachments unless they are submitted by email.