**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.