



**HEALTHY LIFESTYLES INITIATIVE GRANT FINAL EVALUATION REPORT**

As stated in your Grant Agreement, you are required to submit a Grant Final Evaluation Report to your Program Officer. This report is intended to evaluate and measure the impact of the Healthy Lifestyles Initiative grant upon your organization. Please be as candid, reflective and concise as possible. We are equally interested in hearing about your successes as well as your challenges, difficulties and even failures as it relates to the funded project.

**INSTRUCTIONS**

1. Please complete Part I and Part II.
2. If your organization received a grant for:
  - Facility renovation or equipment -- attach a completed project budget and photocopies of invoices.
  - Operating support – attach a financial statement listing your organizational operating budget actual, compared to your projected budget for the grant period.
3. Return cover sheet, typed answers and required supporting documents to:
 

Sandy Wright  
Oklahoma City Community Foundation  
P.O. Box 1146  
Oklahoma City, OK 73101-1146

**Part I**

Organization: \_\_\_\_\_

Grant Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Person completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Reporting Period (date grant received through date project completed): \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Grant ID Number: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director:

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

**Part II**

The Grant Agreement Form signed by your organization’s Director/Board President refers to required reports on the program funded by a Healthy Lifestyles Initiative grant. These reports are designed to help the Oklahoma City Community Foundation track programs and grants as well as to assist the Community Programs Committee in assessing program goals, activities and achievements.

**Please complete a written final report about the program/activity/purpose of the grant that addresses the following questions and issues. Submit the completed final report to your Program Officer on the time schedule outlined in the Grant Agreement Form.**

You may retype this portion of the report but the format presented below must be maintained. If additional space is needed, an extra page may be added. You are urged to be as brief and concise as possible.

Number of program participants projected \_\_\_\_\_

Number completing the program or participating at the time of final grant evaluation report \_\_\_\_\_

Of those who originally committed to participate, how many completed the program? \_\_\_\_\_

Describe the original goals/objectives and the program activities that were involved. Please include any changes in the project from those proposed in the original request.

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What program outcomes/results were achieved by the project? Provide documentation used to measure and quantify participant outcomes, including unduplicated headcount, retention, and changes from the baseline data submitted with the original request. Indicate any departure from the program as originally planned.

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If motivational tools and incentives were used, please describe the types used and the effect of these elements on participants and on the program as a whole.

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Will participant lifestyle changes be tracked after the completion of the program? If so, please describe the process.

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Attach the original budget (including revenues and expenses) and any corresponding actual financial results. If the program's budget deviated from the budget submitted with the grant application, explain how and why.

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What were the positive aspects of the program?

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What were the most significant problems encountered in implementing the grant project and how did you meet these challenges?

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How will your organization incorporate this program or any part of this program into its operational budget? How will the program be sustained?

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How did the Healthy Lifestyles Initiative grant attract other funding or leverage other types of support?

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Attach copies of news coverage or other materials that acknowledged and publicized the Oklahoma City Community Foundation's grant support of the program/project/activity.

Please provide below anecdotal stories that represent the impacts or long-term effects of the program or project on participants.

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Submit this report and all required supporting documents to:

Sandy Wright  
Oklahoma City Community Foundation  
P.O. Box 1146  
Oklahoma City, OK 73101-1146  
405-606-2916