

SFSS GRANT PROGRAM FINAL REPORT

1. PROPONENT INFORMATION

First Name: _____
Last Name: _____
Email: _____
Telephone: _____
Student Number (if applicable): _____
Affiliate SFSS Group or External
Organization: _____
Proposal Title _____

2. GRANT INFORMATION

Grant ID Number _____
Grant Approved By _____
Total Grant Value: _____
Total Revenue Generated (if any): _____

3. PROJECT

3.1 Please describe the original goals and objectives stated in your grant application. Did these goals and objectives change over the course of the project. If so, how? Why?

3.2 Describe the time of key activities undertaken in support of this project. Did these activities change from those you had originally projected for the project? If so, how? Why?

3.3 List the SFSS groups or external organizations with whom you partnered. Were these relationships productive? Were there any challenges with these partnerships?

4. OUTCOMES

4.1 How did your project aim to forward the mission and vision of the SFSS?

4.2 How many people were involved with your project as participants, volunteers, and project leaders?

4.3 How did you measure the success of your project? Do you believe your project was successful?

4.4 Were there unanticipated results?

5. DESCRIPTION OF IMPACT ON SFSS MEMBERSHIP

5.1 Describe the impact you envision this project will have in the short and long term.

- Will this project continue? If so, do you see it evolving or expanding?
- How will the members of the SFSS and the broader SFSS community benefit as a result of this project?

6. KNOWLEDGE TRANSFER

6.1 What lessons learned would you like to share with a person or organization trying to do similar work? How will you use the knowledge gained from this project to improve any other initiatives you may pursue?

6.2 Please share a testimonial or story that illustrates what you consider the most significant change that result from your project.

6.3 If applicable, please include attachments or additional information related to your project, such as:

- Resources and publications
- Media clippings
- Photogram
- Additional program evaluation or research if available.

PROPONENT SIGNATURE

<p>The information I have provided is complete and accurate to the best of my knowledge. I understand that incomplete, inaccurate, or unclear information may delay the processing or lead to the rejection of this proposal submission.</p>	
Date	
Printed Name	
Signature	

For Office Use Only

Proposal Reference Number	
Date Received	
Received By (Print Name)	
Received By (Signature)	