



THE EDNA G.  
KYNETT  
MEMORIAL  
FOUNDATION

The Edna G. Kynett Memorial Foundation  
Plaza 16 Suite 102, 16 E. Lancaster Avenue, Ardmore, PA 19003  
Phone: 610-896-3868 Fax: 610-896-3869  
shone@pembrokephilanthropy.net

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## Grant Report Form

Your grant report is due by the deadline specified in your award letter, unless you are applying for a grant before that deadline, in which case you must submit the report with your application. Grantees must submit their grant reports separately from any future grant application and must complete and attach this grant report form.

The narrative should not exceed four pages, but supporting material may be attached.

Name of Organization: \_\_\_\_\_

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

Name and Title of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date grant was received (month and year): \_\_\_\_\_

Period covered: \_\_\_\_\_ to \_\_\_\_\_

Program Name (if any) and purpose of grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Awarded: \_\_\_\_\_

**Please briefly describe:**

1. What were the original goals/objectives of the proposal? (please cut and paste or reproduce as originally worded)
2. Describe the project as it was carried out, including any changes to the original proposal. Please describe any focus on prevention.
3. Please describe the population served, including:
  - a. How many persons were reached?
  - b. How many of those reached were from an underserved community or at high risk for cardiovascular disease?
4. What were the primary results/accomplishments? Which of the original objectives, if any, were not met and why?
5. How did the project improve cardiovascular health in the targeted community?
6. Have the results been disseminated/published and what are your plans for future dissemination/publication?
7. Are you continuing the program, and if so, how is it being sustained?
8. How will the results of this project affect your future endeavors?

FINANCE

1. Original Program Budget: \_\_\_\_\_ Amount Raised: \_\_\_\_\_
2. Unspent balance of grant, if any: \$\_\_\_\_\_. If the entire grant has not been spent, you may request permission to extend the grant period by including a proposal with this report. Otherwise, the unspent balance must be returned to the Foundation promptly.
3. Attach financial statements for the program, including all revenues and expenses. Please explain any material discrepancies from the approved budget.

I certify that this grant was used solely for the purposes designated.

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

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

E-mail the report and attachments to: [shone@pembrokephilanthropy.net](mailto:shone@pembrokephilanthropy.net)

If you have any questions about the report procedure or process, please call the Foundation's office at 610-896-3868.