Detroit Public Schools Foundation Interim Report Form

Grant Information		
Grant Number:	Grant Amount:	
Grant Start/End Date:	Date of Evaluation:	
Grantee Contact Information		
Project Name:		
Organization:		
Contact Name/ Title:		
Address:		
City:	State: Zip Code:	
Phone #:	Fax#:	
Email Address:		
Progress on Goals, Activities, and Timeline		
2. Do you anticipate any difficulties in completing your progress is	es in the timeframe outlined in your proposal? If so, pla	000
Do you anticipate any difficulties in completing your progress in explain.	ss in the timeframe outlined in your proposal? If so, ple	ase

3.	What challenges are you facing as you move forward with this program? How are you approaching these challenges?
4.	Please provide student participant demographic breakdown (if possible) and other participant data to date.
Communication	
5.	Provide an update on the project marketing/communications plan (provide copies of any media engagement, collateral materials, etc.).
	Staff Changes
6.	Please report any staffing change(s) related to this grant.
7.	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	
Na	me: Title:
Ph	one: Date:

Please <u>email</u> 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.