



grant report

Every organization that receives a grant from Burbank HealthCare Foundation is required to file semi-annual reports with the Foundation relative to the status of their grant. Any organization that fails to file the required reports, or who file improper or untimely reports, may not be eligible to receive future grants. **Those awarded grants may have their awards cancelled or postponed in portion or in their entirety if they fail to properly complete and submit the periodic reports.**

Please complete this form and submit to the Burbank HealthCare Foundation. The first reporting period ends June 30. The second reporting period ends December 31. Please submit a report within 90 days of the end of each reporting period.

Feel free to attach additional materials such as a brochure or a letter, but note that attachments are not to be considered a substitute for this form.

Check to indicate reporting period: Semi-Annual (June) Annual (December) Year _____

1. Organization: _____

2. Mailing Address: _____
street

_____ *city* _____ *zip*

Telephone: _____ Fax: _____

3. Contact name (person completing report): _____

4. Contact e-mail address: _____

5. Provide a brief summary of how Burbank HealthCare Foundation grant funds have been utilized.
(attach additional sheet if necessary)

- 6. Amount of grant funds awarded: _____
- 7. Amount of grant funds expended to date: _____
- 8. Indicate number of people served: _____

- 9. Is your project timetable still on track? If not, please explain any delays: _____

- 10. Have any of your key personnel, i.e. Senior Staff or Grant Contact changed since your initial applications?
_____ Yes _____ No If yes, please specify: _____
- 11. Please sign and date this grant report.

"I, the undersigned, certify that the information submitted in the grant report is true and correct."

Organization: _____

Name: _____

Signature: _____

Staff Title: _____

Telephone: _____

Date: _____

Mail or fax this report to:

Burbank HEALTHCARE FOUNDATION

200 W. Magnolia Blvd., Burbank, California 91502

Fax: 818.559.2427

*If you have any questions, please call 818.559.2423
or email: info@burbankhcf.org*