

OCEAN STATE CHARITIES TRUST
Interim Grant Evaluation Report

ORGANIZATION:

EVALUATION REPORT: NO _____ of _____

DATE DUE: _____

AMOUNT OF GRANT: _____

PURPOSE OF GRANT:

MEASUREABLE OBJECTIVES IDENTIFIED IN YOUR PROPOSAL AND GRANT
AUTHORIZATION FORM INCLUDE:

EXPLAIN ANY DEFICIENCY OR DELAY YOUR ORGANIZATION IS
EXPERIENCING IN MEETING THE OBJECTIVES:

FINANCIAL REPORT:

1. Grant purpose is _____% complete and \$ _____ of the grant has been spent.
2. An itemized list of expenses met with funds received from Ocean State Charities Trust must be attached to this report.
3. Include copies of paid invoices.

Submitted by: _____
NAME & TITLE