**Community Foundation of Greater Flint**

**Neighborhood Small Grants Program**

**2025 Final Report Form**

***\*Due on or before: November 30, 2025***

**Send To:**

**NSGP@cfgf.org or by mail:**

**Community Foundation of Greater Flint**

**500 S. Saginaw Street**

**Suite 200**

**Flint, MI 48502**

|  |  |
| --- | --- |
| **GENERAL INFORMATION** | |
| *Group Name:* | |
| *Project Title:* | *Application Number:* |
| *Contact Person #1:*  *Address:*  *Phone:*  *Email:* | *Contact Person #2:*  *Address:*  *Phone:*  *Email:* |
| *Amount requested:* | *Time period of project activities:*  *From: To:* |

**PROJECT INFORMATION**

1. **Which focus area does your project best fit? (Please check 1)**

\_\_Strengthening Neighborhood Groups through Leadership Development / Technical Assistance

\_\_Improving Neighborhood Conditions

\_\_Creating Safe Environments

\_\_Creating Opportunities for Neighbors to Connect and Engage in Neighborhood Activities

**2. Which program outcome did your project address the most? (Please check 1)**

\_\_Community Engagement (Getting people involved in neighborhood/community groups or activities)

\_\_Developing Well-maintained and Inviting Outdoor Spaces (Engaging people in clean-ups, beautification and improvement of public spaces)

**3**. **Which activities did your project consist of (include all that apply):**

|  |  |
| --- | --- |
| **Activity Type** | **Number of Activities** |
| **Workshops, trainings, conferences, learning exchanges** |  |
| **Neighborhood Watch Activities** |  |
| **Neighborhood Clean-ups** |  |
| **Neighborhood Beautification** |  |
| **Creating Neighborhood gathering spaces** |  |
| **Neighborhood Engagement Events** |  |
| **Neighborhood Art Festival** |  |
| **Other Activities (Please specify):** |  |

4. Did you receive any technical assistance to plan and implement your project?

\_ Yes

\_ No

5. If yes, please check the areas of assistance you received:

\_Project Planning

\_Budgeting

\_Measuring Impact/ Documenting success

\_Project Reporting

6. Did you find the technical assistance helpful? If so, in what ways?

7. Did you learn new information or skills from the technical assistance received?

\_ Yes

\_ No

8. How likely are you to use knowledge or skills to carry out future projects?

\_Very likely

\_Likely

\_Somewhat Likely

\_Not Likely

\_N/A

9. Did your project engage residents or community members as volunteers?

\_ Yes

\_ No

10. If yes, how many volunteers?

11. Describe your project. Feel free to add additional pages or documentation needed to fully describe your project, including:

* Project activities
* Project organizer
* Project timeline
* Volunteer participation

12. How successful was your group in reaching the goals you set for this project:

\_Very Successful

\_ Successful

\_ Somewhat Successful

\_ Unsuccessful

\_Very Unsuccessful

13. Give at least 2 reasons for your answer above.

14. Did you experience any unexpected challenges or successes?

15. What are your group’s next steps?

**Project Budget**

Please complete the following budget form. Include all costs associated with this project. If there were additional sources of funding or matching funds (such as other grants) or in-kind support (such as donations of services or materials from area businesses, persons, government or organizations) list them in the appropriate column. Each volunteer service hour is worth $33.49.

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| --- | --- | --- | --- | --- |
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| **Item(s)** | **Amount Awarded** | **Actual Amount Spent** | **In-kind and other cash Donations (Type and Value of Donations)** | **Total Costs** |
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| **TOTAL:** |  |  |  |  |

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name -Title Signature Date

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Printed Name – Title Signature Date

Please attach or include:

* Receipts for grant fund expenses
* Pictures