community advisory board
City of Santa Rosa

Community Improvement Grant
Report Form

Project Name:	Requested Grant Amount:	$
	Matching Funds:	$
Project Physical Address:	TOTAL Project Cost:	$
	Group or organization:	

In which district did the grant take place? (Find your district: srcity.org/FindMyDistrict)

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ City Wide

Person or organization responsible for the application and/or report:

_____ _____

Name Email

_____ _____

Signature Date

The grantee must complete the project within **one year** of signing the grant agreement. A final report is required to be submitted to the City within **30 days** of project completion. Final report, documentation, and expenditures (**please include receipts**) cand be send to communityengagement@srcity.org. Please include at least 10 pictures of the project. The City reserves the right to use photos, quotes, and/or testimonials associated with the awarded grant.

Failure to submit a complete report may result in ineligibility for future funding.

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PROJECT NAME: _____

Overview: Describe your project, how the funds were used, and how it met the proposed goals.

Impact: How many people were involved in the planning? Who benefited from this project, and how many people were impacted by it? If applicable, how many organizations and individuals attended the event?

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PROJECT NAME: _____

Highlights and opportunities: Highlight successes, challenges, and opportunities for improvement

Maintenance: If applicable, please describe the plan for ongoing maintenance of your project.

Other: Is there any additional information you'd like to provide?

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PROJECT NAME: _____

Budget Report: List all volunteer time, services, materials, rentals, and other budgeted items.

Requested funds are funds your project requested through the Community Improvement Grant. Contracted work must be through a third party.
Matching funds are funds from other sources, including donated goods or services.
Total cost is the sum of requested and matching funds.

Value volunteer time at $22.14 per person per hour. Volunteer time is *only* an in-kind matching fund (not a requested fund).

Item	Requested Funds	Matching Funds	Total Cost
Total Requested Grant Amount	$		
Total Matching Funds		$	
Total Project Cost (Requested + Matching)			$

When finished, check both of the following:

- The Total Requested Grant Amount used is no more than $2,500
- The Total Matching Funds equal or exceed the Total Requested Grant Amount

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PROJECT NAME: _____

Matching Funds: List all sources of matching funds and identify the organization(s) providing them. Include both monetary contributions and in-kind support (e.g., volunteer time, donated materials, services, or facility use). Waived City fees, permits, facility rentals, or other City subsidies cannot be counted as matching funds.

Matching Fund	Date Committed	Amount
Total Matching Funds		**$**

When finished, check: are the Total Matching Funds here the same as the Total Matching Funds on the previous page?

Additional Explanation: Elaborate on any budget details that the budget sheet does not capture.

Thank you for completing the grant report! When submitting, please be sure to attach at least 10 photos of your project.

These reports help showcase the impact of projects like yours and the benefit of the Community Improvement Grant. Thank you for your work on this project!