



2023 FHCF GRANT EVALUATION REPORT

This form is required if Flow Grant Funds were received in the prior year. No further request for funding will be granted unless this form has been submitted by September 15th, 2023

Organization: _____

Agency 2023 Total Budget _____ **Flow Grant 2023** _____

Primary Purpose of the Grant:

How FHCF Grant was used? *Be specific but please summarize.*

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Item/Service _____ Total \$\$ _____ Flow \$\$\$ _____

Number of Individuals or Service Provided

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

of Individuals/Service _____ Agency Total # _____ Flow Total # _____

Was the total amount of the Flow Grant be used by Dec. 31, 2023? _____ Yes _____ NO

If not, Why? _____

Comments:

Grant Supervisor Signature: _____ **Title:** _____