



2026 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 30, 2025.

Organization: _____

Agency 2026 Total Budget: _____ **Flow Grant 2026:** _____

Primary Purpose of the Grant:

How was the FHCF Grant 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, 2025? _____ Yes _____ No

If not, why?

Comments:

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