



Heads UP Tri-Cities Grant Reporting Form

Organization Name _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Website _____

Awarded Grant Amount \$ _____

Project Name _____

Application Stated Purpose _____

Has the grant served the purpose you intended? If so, in what way(s)? If not, what circumstances or obstacles impeded or limited your work? _____

What impact did the grant have on the population you serve, your staff, and the community? _____

Heads UP Tri-Cities
5426 N Rd 68, STE D #164
Pasco, WA 99301
(509) 497-7175
contact@headsuptc.org

Heads UP Tri-Cities is a registered non-profit 501 (c) (3)
Tax ID 84-1748427

During the project, what transpired that differed from what you anticipated? _____

What did you learn from your pursuit of the objectives that you established? _____

Based upon current conditions, are there things that you would do differently in utilizing the grant award? If so, what? _____

What were the primary lessons that you and your staff learned from this grant project?
How might they impact your future thinking, performance, or services? _____

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If the project involved collaboration with other organizations, please comment on its effect on the project. _____

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