

THE STATEN ISLAND FOUNDATION
SMALLER OPPORTUNITIES GRANT PROGRAM
Final Report

Date of report: _____

Name of organization to which grant was paid. Please list exact legal name:

Project title: _____

Contact info for person completing report name, title and email

(Please update any contact information if it is different from that which was originally submitted in your application)

Amount of Grant Received: \$ _____ Total Project Budget: \$ _____

Please attach actual project budget that includes Income and Expenses and shows how Smaller Opportunities Grant Program funds were spent.

Categories of Investment Made by this Grant through the Smaller Opportunities Grant Program:

- Training and Professional Development**
- Organizational Capacity**
- Short-term or Smaller-Focus Projects**
- Innovation and Collaboration**
- Literacy Enhancement**
- Evaluation and Learning**

Activity/Item Funded through the Smaller Opportunities Grant Program:

- Leadership development
- Temporary or short-term projects
- Hiring a development consultant or a specialist in your field
- Existing programs with an emergency that could not be reasonably anticipated
- Evaluation of a project
- Publishing a report about a project
- Special speakers fees
- Small equipment, software, technology
- Cost not covered by the original funding source, a “gap” or an “enhancement”, particularly as part of government contracts
- “Brilliant” ideas that an individual member of the community or local non-profit to implement
- A literacy enhancement to an existing program
- Planning process, particularly for a project that will be implemented by multiple agencies

- ø Short-term initiatives that bring together various sectors of the community (different ethnic groups, parents and children, seniors and teens, students and community leaders) that may serve as a template/pilot for larger project
- ø Other projects, programs or needs not listed above _____

Anticipated Project Outcome Statement: Outcomes anticipated in application to the Smaller Opportunities Grant Program

Please attach one page description of **actual results achieved and the data and information used to verify these results**. In addition you may tell us about the strategies engaged to achieve these results and how these results will be used to strengthen your organization and its services in the future.

Please send completed report to:

The Staten Island Foundation
 Smaller Opportunities Grant Program
 260 Christopher Lane, Suite 3B
 Staten Island, NY 10314

By fax to 718-697-3180

By email to Marie Payne, Grants Manager, at payne@thestatenislandfoundation.org

Approval of Chief Executive Officer:

The organization named above has acted as the responsible fiscal agent for the funds received and has complied with applicable tax laws, regulations, and The Staten Island Foundation's policies. The undersigned affirms that all of the information provided in this report is true to the best of his/her knowledge.

 Signature of Chief Executive Officer

 Title

 Print Name

 Date