

**Final Grant Report**

**2019 Summer Youth Program Fund**

**Narrative Grant Report**

**(Program report for Lilly Endowment Inc., The Indianapolis Foundation**

**and SYPF Partners)**

#### Final Reports are available to download at

#### [www.summeryouthprogramfund-indy.org](http://www.summeryouthprogramfund-indy.org)

**Due Date:** **September 30, 2019**

**Responsible Applicant Organization:**

**Program Name:**

**Select your Program Category From the list below:**

(Academic Achievement, Daily, Enhancement/Special Project, Youth Employment or Overnight)

**Address:**

**City, State & Zip:**

**Program Location (if different than above):**

**Address:**

**City, State & Zip:**

**Person completing the final report/Title:**

**Telephone:**

**E-mail address:**

**Dates of program operation:**

**Signature of Executive Director or Board Chair:**

**Date Completed:**

**NARRATIVE REPORT**

1. To provide a deeper understanding of your program, please describe what happened in the summer program. (Summarize the kinds of activities children participated in and a typical day or week). This is your chance to tell your program's story!

1. Did your program differ significantly from what was originally proposed, e.g., amount and source of funding, types of program activities, ages of youth served, location, staffing, etc.? If yes, please list and explain in bulleted form.

|  |  |
| --- | --- |
| **List any differences from the Proposal** | **Explain** |
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1. Please list the field trips your program took and the approximate number of youth who went on each trip.

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| --- | --- |
| **Field Trip Location** | **Number of Youth** |
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1. Did you collaborate with other programs or organizations to implement your program?

If yes, please list the program/organization name and benefit received through collaboration.

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| --- | --- |
| **Program/Organization** | **Benefit/Service Received** |
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|       |       |
|       |       |
|       |       |
|       |       |

4.a. If you collaborated with other programs, how well did those collaborations work out? Please describe:

|  |  |
| --- | --- |
| **Program/Organization** | **Will you collaborate again? Why/why not?** |
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1. In the table below, provide the projected number of youth to be served **as stated in your 2019 SYPF Grant Application** as well as the actual number served, counting each youth only once.

|  |  |
| --- | --- |
| **Projected Number to be Served** | **Actual Number Served** |
|       |       |

1. What is the program’s maximum capacity?
2. In the table below, list your *Program Outcomes* **as stated in your SYPF Grant Application** and describe your progress towards accomplishing them. (You may extend the size of the table boxes.)

|  |  |  |
| --- | --- | --- |
| **Proposed Outcome** | **Actual** | **Measurement Method** |
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1. What did you learn from your evaluation of your summer program this year? (Please list and explain in bulleted form.) Was your evaluation conducted internally or by an outside (third party) evaluator?

1. How did your program teach and promote leadership skills and community service?

1. What, if anything, would you do differently next year? (E.g., transportation, staffing, training, community service component, etc.)

1. If your program provided educational support activities, please describe them in the table below. (You may delete the examples and/or extend the size of the table.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Area**(*Reading, math, language arts, science)* | **Activities** | **Frequency** | **Individual****Results** | **Group****Results** |
| **Example:** Reading | Bookmobile visits | Once per week for six weeks | Each child read five books over the summer; each child signed up for a library card |  |
| **Example:** Mathematics | Math games | One-hour sessions, four times per week for six weeks |  | On pre-and post-tests, 90% of children’s math scores increased by at least one grade level |
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1. Were your educational activities taught or coordinated by a certified teacher? Yes or No

1. If you utilized the services of an outside group or program to provide educational activities, please describe (e.g., Indianapolis Algebra Project, Marian University).

1. If your program is a ***SYPF Enhancement Program:*** Please list the programs you served this summer and the number of youth served at each site.

1. If your program is a ***SYPF Employment Program:*** Please describe the jobs youth held, the training they received, number of hours per week and pay rate.

1. If your program provided college readiness or access activities, please describe. In the description, be sure to include any outside groups that provided these services for your program and/or with whom you collaborated
2. Provide your Projected CASH Expenditures from your 2019 SYPF Application:
3. What technical assistance or training opportunities (other than increased grant dollars) would be beneficial for your organization or program?
4. Of the training programs offered by MCCOY, which did you attend? How did they benefit your staff and/or program?:
5. Does your program maintain a waitlist throughout the summer? If so, what is the typical wait time and how many youth are usually on the wait list?:

**The Summer Youth Program Fund Grant Report is due September 30, 2019 by 4pm.**

# CHECKLIST AND SUBMISSION INSTRUCTIONS

[ ]  Complete 2019 Word Document Summer Youth Program Fund Narrative Grant Report

[ ]  Complete 2019 Excel Document Summer Youth Program Attendance and Registration Report (tab 1) AND Financial Report (tab 2)

**Submission instructions:**

1. Mail or deliver **one signed original** **copy** of the Word Narrative Grant Report form and Excel Attendance and Registration Report and Financial Report to:

Attn: Summer Youth Program Fund

Lilly Endowment Inc.

2801 North Meridian Street

P.O. Box 88068

Indianapolis, IN 46208-0068

**AND**

1. **Email** the Narrative Grant Report AND the Demographic and Financial Reports (include the organization name in the subject of the email) to: grantreports@cicf.org

If you have any questions, please feel free to contact:

Summer Youth Program Fund

The Indianapolis Foundation

Phone: 317-634-2423

Email: haleyl@cicf.org