

**Community Responsive Mini Grant**

**Activity Report**

First and Last Name: ­­­­­­­­­­­­­­­­­­­­

Organization or Business Name (if applicable):

Phone Number:

Email:

1. Amount of funding awarded:
2. Name of Activity/Event you were funded for:
3. Describe what you did to complete your funded activity:
4. What was the Goal(s) of the Activity or Event?
5. Did you meet the(se) goal(s)?
* Yes
* No
1. How many parents/caregivers participated in or were impacted by Activity or Event?
2. How many children 0-5 participated in or were impacted by Activity or Event?
3. How many community partners/service providers participated in or were impacted by Activity or Event?
4. If you had an outcome measure in your Application (for Professional Development Opportunity and Time-Limited Program Grants), what was the outcomes achieved?
5. What aspects of the Activity or Event were MOST successful?
6. Did you experience challenges? If yes, what were the challenges and how did you overcome them?
7. If you could repeat this Activity or Event, what changes would you make?