

# YEAR END REPORTING

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All projects receiving Community Networking Grant funds through Promise Partners are required to submit final reports. These reports allow Promise Partners to examine the progress of funded services/programs and to provide continual planning for Pottawattamie County.

## One Page Narrative

- Describe project successes. This can include an anecdotal “great story”, quotes, pictures, copies of articles, advertisements, or other documentation of the project. *(If sending quotes or pictures, please ensure confidentiality standards are met and you have the participant’s consent to use their image.)*
- Describe successful collaborative efforts and/or partnerships with other agencies or community supports.

## Performance Measure Matrix

Complete a performance measures matrix identifying input, output, and outcome measures.

## Billing/Reimbursement Report

Identify how grant funds were expended. Include copies or receipts and supporting documentation. Reimbursement cannot be guaranteed without documentation, such as receipts, invoices, etc.

Final Reports Due:

June 12, 2018

## Submit Final Report

grayment@promisepartners.org,  
3501 Harry Langdon Boulevard, Suite #160, Box 7,  
Council Bluffs, Iowa 51503

Sponsoring Organization:	
Project:	
Brief Description of Event(s) and/or Activities:	
What was the overall goal/purpose of the project conducted?	
<b>INPUT MEASURES</b>	
Events and Activities	Number of Events or Activities:
Volunteers	Number of unduplicated youth ( <i>under 18 years old</i> ) volunteers:
	Number of unduplicated adult ( <i>ages 18+</i> ) volunteers:
<b>OUTPUT MEASURES</b>	
Participation	Number of unduplicated youth ( <i>under 18 years old</i> ) served:
	Number of unduplicated adults ( <i>ages 18+</i> ) served:
<b>OUTCOME MEASURES</b>	
Survey Results	How many participants were surveyed?
	How many of those participants felt they could identify at least one new person, program, or service that they might connect with or get support from in the future?
<b>ADDITIONAL DATA (optional)</b>	
Additional Data that was gathered or tracked	<i>Additional dollars invested number of items given to participants, participant satisfaction, collaboration with other agencies, etc.</i>

# PROMISE PARTNERS

## REIMBURSEMENT CLAIM FORM

Period covered by this Claim:

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Recipient:

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Program Name:

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Address of Recipient:

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Prepared By:

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Phone Number:

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Email Address:

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Description of Expenses	Approved Budget	Current Expenses	Remaining Grant Balance
Food			\$ -
Materials			\$ -
Printing			\$ -
Fees, Permits, Meeting Space			\$ -
Other			\$ -
<b>TOTALS</b>			<b>\$ -</b>

### Signature

\*All claims must include supporting documentation.

All claims including supporting documentation should be mailed to:

Promise Partners  
3501 Harry Langdon Boulevard, Suite 160 Box 7  
Council Bluffs, IA 51503

Contact Jessica Rayment, Youth Development Director with any questions at 712-256-9920 or by email at [Jrayment@promisepartners.org](mailto:Jrayment@promisepartners.org).

### For Internal Use Only:

Funding Source:

CPPC

Accounting Code:

6150