In addition to the Progress Report document, the following is **required**:

- Original signatures on the last page (electronic submissions not accepted)
- **Copies of invoices** and other documentation of expenditures
- Photos of work completed (when applicable)

Since approval of your grant was based on your grant application, please use your application as a reference to ensure information consistency. Progress should be measured against your original purpose, goals, and intended outcomes, UNLESS you received permission from the foundation for a variance from the original application.

_A digital version of this document can be downloaded at [www.priddyfdn.org](http://www.priddyfdn.org)_

_Mail the completed Progress Report packet to: The Priddy Foundation, 807 8th St., Ste. 1010, Wichita Falls, TX 76301._

**Consideration of future funding is dependent upon the timely receipt of the Progress Report.**

**Name of Organization:** Click here to enter text.

**Project Name:** Click here to enter text.  
(Must be the same as the approved name on the application)

**Contact Name:** Click here to enter text.  
**E-Mail:** Click here to enter text.

**Phone:** Click here to enter text.  
**Fax:** Click here to enter text.

**Name of Person preparing report:** Click here to enter text.

**Contact Information of preparer, if different than above:** Click here to enter text.

<table>
<thead>
<tr>
<th>Original Project Budget:</th>
<th>Project Cost to Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount of The Priddy Foundation Grant:</strong></td>
<td></td>
</tr>
<tr>
<td>Reporting Period:</td>
<td>Year Awarded:</td>
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<tr>
<td>e.g.: 01/1/12 – 12/31/12</td>
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</tbody>
</table>

1. **Please give a brief description of the project.**  
   Click here to enter text.

2. **When do you expect completion of the project?**  
   Click here to enter text.
3. List the original goals/objectives of this project as completed on the grant application, for Question #27. (Expand or delete as necessary to accommodate goals.)
(1) Goal/Objective: Click here to enter text.
   Has the goal/objective been met? ☐ Yes ☐ No
   If met, how was this goal met? If not, please provide an explanation.
   Please provide specific numbers, if appropriate, to demonstrate participation in the project (e.g. attendance, number served, percent change, growth)
   Click here to enter text.
   If met, how was this goal measured? If not, how will this goal be measured?
   Click here to enter text.

(2) Goal/Objective: Click here to enter text.
   Was the goal/objective met? ☐ Yes ☐ No
   If met, how was this goal met? If not, please provide an explanation.
   Please provide specific numbers, if appropriate, to demonstrate participation in the project (e.g. attendance, number served, percent change, growth)
   Click here to enter text.
   If met, how was this goal measured? If not, how will this goal be measured?
   Click here to enter text.

(3) Goal/Objective: Click here to enter text.
   Was the goal/objective met? ☐ Yes ☐ No
   If met, how was this goal met? If not, please provide an explanation.
   Please provide specific numbers, if appropriate, to demonstrate participation in the project (e.g. attendance, number served, percent change, growth)
   Click here to enter text.
   If met, how was this goal measured? If not, how will this goal be measured?
   Click here to enter text.

(4) Goal/Objective: Click here to enter text.
   Was the goal/objective met? ☐ Yes ☐ No
   If met, how was this goal met? If not, please provide an explanation.
   Please provide specific numbers, if appropriate, to demonstrate participation in the project (e.g. attendance, number served, percent change, growth)
   Click here to enter text.
   If met, how was this goal measured? If not, how will this goal be measured?
   Click here to enter text.

4. Is the project taking place as described in the original proposal? ☐ Yes ☐ No
   If not, how is it differing? Why did it differ?
   Click here to enter text.

5. What impact is the project having on the underlying problems or opportunities identified in your proposal?
   Click here to enter text.
6. How is the project contributing to the fulfillment of your mission?
   Click here to enter text.

7. How is this project making a difference in the community?
   Click here to enter text.

8. Is this an ongoing project of the agency?  ☐ Yes ☐ No

9. If so, what alternative funding sources are being identified to support the project in the future?
   Briefly describe the source of these funds.
   Click here to enter text.

10. Please provide the project financial information on the following page.
    To properly complete this section you will need the Project Budget submitted with your application. Please include ALL Revenue and Expenditure information to date.
    (If you prefer to submit a customized financial statement in place of the following, please contact the foundation.)

    **PROJECT REVENUES** (include projected revenues from application, Q41 & Q43, as well as any unanticipated income not in application, and show fundraising projects as net income from fundraisers in Q 41)

    | Funding Sources (from Application) | Amount Budgeted (in Grant Application) | Funds Received (to date) | Pledged But Not Received | Requests Still Pending |
    |-------------------------------------|----------------------------------------|--------------------------|--------------------------|------------------------|
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    |                                     |                                        |                          |                          |                        |
    | TOTAL: (Total Project Revenue)      |                                        |                          |                          |                        |

    (table will expand as needed)
### PROJECT EXPENDITURES  Reporting Period **Click here to enter text.** (same as Reporting Period specified on Page 1)
(Expenditures must include projected expenses from grant application, Q 42, as well as any unanticipated expenses not included in original application)

<table>
<thead>
<tr>
<th>Budget Items (as listed in Project Budget)</th>
<th>Amount Budgeted (in Grant Application)</th>
<th>Actual Expenses (to date)</th>
<th>Amt Overspent (+) Or Underspent (-)</th>
<th>Reason Funds Over-Spent or Underspent</th>
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TOTAL: (Total Project Budget)

*(table will expand as needed)*

Please remember to attach copies of invoices reflecting actual expenditures. If your project does not involve invoices, you will need to attach copies of receipts, bills, and/or other evidence to support the expenditures. Financial statements, by themselves, are not sufficient.

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Name (typed)                         Name (typed)

____________________________________  ______________________________________
Signature                             Signature
Executive Director or Principal Staff Officer  Chairman, Board of Directors

Revised 7/15