



Tri-Counties Blood Bank Fund

A final report submitted electronically to the foundation is due approximately four weeks after completion of the grant funded project, or no later than 13 months from grant award date (refer to your grant award letter for report due date). Failure to submit a final report will result in rejection of subsequent grant applications. If you need additional time to complete the project, please consult with Guille Gil-Reynoso, Community Engagement Officer, for approval and additional instructions.

The final report has three required components:

1. Final Report Cover Sheet

Complete the Final Report Cover Sheet form (PDF) included in this packet.

2. Narrative Report

Please answer the questions below in a Microsoft Word or PDF document. This document should include each question followed by your response. Please limit this document to a maximum of two pages.

1. How were the goals and outcomes of the program achieved during the grant period?
2. Which strategies (program qualities) were most important for achieving the desired outcomes?
3. Describe the impact of the program (statistics, numbers served, an anecdote, and/or general themes/trends).
4. Please describe how the educational program did any or all of the following:
 - a. Enhanced existing training/education opportunities for medical professionals in blood diseases and/or the provision of blood and blood products
 - b. Improved existing blood banking technology
 - c. Improved blood banking in the service area
5. List the cooperating partners in the project and explain the relationship, if applicable.

3. Project Budget Form

Complete the Project Budget Form (PDF) included in this packet. (List education related expenses only.)

Additional Components/Attachments

Attach high resolution photos related to the project, if available (include photo credit for possible use by the foundation in its communications).

Submittal Instructions

The above items should be emailed as an attachment to reports@sbfoundation.org. Include the name of your organization and “TCBBF Final Report” in the email subject line. (Example: “[Organization Name] TCBBF Application”)

Contact Information

For questions regarding the TCBBF Final Report, please contact Guille Gil-Reynoso, Community Engagement Officer, at (805) 963-1873 or ggil-reynoso@sbfoundation.org

For questions regarding technical assistance and support, please contact Deanna Vallejo, Community Engagement Associate, at (805) 880-9385 or dvallejo@sbfoundation.org



Final Report Cover Sheet

Tri-Counties Blood Bank Fund

Organization Information

Organization name: _____

Grant contact: _____ Contact's title: _____

Phone: _____ Contact's email: _____

Executive director: _____ Email: _____

Type of Grant

Indigent Care

Education

Scholarships

Grant Information

Award Date: _____ Award Amount: _____

Please provide the percentage of how the award amount was distributed geographically within Santa Barbara County:

_____ % North County _____ % South County _____ % Mid-County

Which geographic areas were impacted by this award? Please check all that apply.

Carpinteria

Goleta/Isla Vista

Guadalupe

Lompoc

Santa Barbara

Santa Maria

Santa Ynez Valley

Other: _____

Please certify that the Executive Director or CEO has read and approved this report by checking this box.

Budget

Please complete the budget page below. In **column B**, COPY the amounts of the projected income and expenses directly from your original application. In **column C**, provide your actual year-to-date income and expense figures.

Income

A. Source	B. Projected (\$) (From orig. proposal)	C. Actual (\$) (Actual income secured)	D. Pending (\$)	Notes
TOTAL INCOME				

List the In-Kind (non-cash) contributions:

Expenses

A. Expenses	B. Projected (\$) (From orig. proposal)	C. Actual Expenditures (\$)	Notes
TOTAL EXPENSES			