

Grant Impact Report

GRANTEE INFORMATION							
Grant Period	:	to		OGE Grant amo	unt: \$		
Organization (Legal name of organization, same as on IRS Form 990):							
DBA (if applicable):							
Project/Event:							
CEO/Executi	ve Director:		Phone:		Email:		
Contact Pers	on:		Phone:		Email:		
Mailing Add	ess:		City, Sta	ate, Zip:			
Have there been any changes to your organization's IRS 501 (c)(3) nonprofit status since you were awarded this grant?							
If yes, please explain. IMPACT DEMOGRAPHICS							
How many people were served/benefited from your project/event?							
Income level of population served (Based on Federal Poverty Guidelines) (Select all that apply.)							
Low	-income	Above low-inc	ome	All income leve	els Ur	hknown	
Select your targeted/impacted population. (Select all that apply.)							
All i	ndividuals	Elderly	Individuals wit	h Disabilities	Students		
Теа	chers	Unemployed	Vetera	ns	Youth		
If your target/impacted population was students or teachers, select the grade level. (Select all that apply.)							
Pre-	K K-5	6 – 8	K – 8	9 – 12	K – 12		



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RESULTS/OUTCOMES

Describe the progress made towards stated goals and objectives on your application. *(e.g., The program provided on-going support for prevention and education activities.)*

What specific achievements were met on your immediate and long-term goals?

Discuss evidence of impact such as, survey results, pre- and post-test results, community indicators, etc. *(e.g., numbers served (Students had a 50% increase in education performance, There were 332 participants – an increase of 10 participants compared to last year, Our program served 200 people in 35 counties)*

What difference did the project/event make in the community, neighborhood, or population you serve?

Describe any collaborations you experienced as a result of the grant and how it impacted your efforts. *(e.g., Collaborations with parents, schools, corporations, etc.)*

Did this grant assist your organization in obtaining funds from other sources?

How did OG&E receive recognition for the grant? *(e.g., logo on website, listed in annual report)* Documentation of the gift recognition will be requested.



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SPECIFIC USE OF FUNDS

Use this reporting form for project and event grants only. To report on grants awarded for program costs, a copy of your organization's financial statements that include the reporting period will suffice. If your budget has changed, report against your revised budget.

Budget Line Item	Original Budget	Revised Budget	Actual Expenditures	Balance Remaining (Budget less Actual)
T t.				
Totals:				
			(A)	(B)



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FUNDING SOURCES

List all sources of funding (including the OGE Foundation grant) received for this project with their related grant periods. Report the amount of funding that corresponds to the approved budget and time period covered by the OGE Foundation grant.

Start Date	End Date	
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 	l Ital Funds Available:	+
		Image:





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	FUNDING SUMMARY	
Total Funds Available:		
Less total Actual Expenditures:		
Excess funding/overspending:		

Explain the reason for any excess funding or overspending of expenditures for this project below.

The following documentation is required as part of your Impact Reporting:

(Future funding requests will not be considered if Impact Report is not completed and returned)

- 1. Your organization's financial statements, such as the balance sheet and income & expense statement for the year(s) in which the grant was used
- 2. Evaluation materials that document outcomes/impacts (e.g., test score results)
- 3. Documentation of OGE's recognition as outlined in your application (e.g., copy of printed recognition, link to website with logo, etc.)
- 4. Pictures of your event/project

Please submit this report and required documentation to: **ogeecfd@oge.com**