



Fort Bend Junior Service League  
P.O. Box 17387  
Sugar Land, TX 77496  
www.fbjsl.com

## Community Assistance Fund Final Status & Expenditure Report

Please provide the information requested on this Final Status & Expenditure Report (FSR). All agencies that receive funding from the FBJS� Community Assistance Fund are required to submit this report in order to be considered for future funding. A fully completed copy of the Final Status & Expenditure Report shall be submitted within 90 days from when FBJS� provided funding or by the due date requested, whichever occurs first.

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Agency Name

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Contact Person

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Phone

Fax

Email

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Mailing Address

---

Physical Address (if separate)

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Website

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Executive Director

Phone

Email

---

Board Chair

Phone

Email

Amount of grant received: \_\_\_\_\_

Date received: \_\_\_\_\_

Have you received any previous funding from FBJS� as an Event Beneficiary?

Yes

No

If yes, please indicate the name and date of the event:

Spring Fling (formerly Charity Ball)

Cookbook

Sugar Plum Market

Pancakes and Pajamas

Golf Tournament

Glitter & Gloss

Other \_\_\_\_\_

Proceeds Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Summary:** *What did you do with the grant received? Please refer to your initial application for project description. Please explain variances (if any) from your initial proposed project.*

**Objectives:** *What did you want to achieve or accomplish with the proposed funds?*

**Demographics:** *What is the profile of the population served through this project (i.e. age, sex, socio-economic indicators, etc.)?*

**Strategies:** *What activities did you undertake to complete your objectives?*

**Outcomes:** *What was the result of this project? Were there any unexpected results?*

**Tools:** *How did you measure your impact? Please attach a sample of any evaluation tools used (surveys, questionnaires, etc.).*

**Sustainability:** *What is the future of this project?*

**Impact:** *How has the community benefited from this project? How many people were served?*



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## Event Beneficiary Final Expenditure Report

\_\_\_\_\_  
 Agency Name

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Phone Fax Email

Project Expenses	FBJSL Funds	Other Funds	Total Funds
<b>Total Expenses</b>			

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Name Title