



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

Event Beneficiary Final Status & Expenditure Report

Please provide the information requested on this Final Status & Expenditure Report (FSR). All agencies that receive funding from FBJSJ Events 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 FBJSJ provided funding or by the due date requested, whichever occurs first.

Agency Name

Contact Person

Phone

Fax

Email

Mailing Address

Physical Address (if separate)

Website

Executive Director

Phone

Email

Board Chair

Phone

Email

Amount of grant received: _____

Date received: _____

Have you received any previous funding from FBJSJ 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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 Agency Name

 Contact Person

 Mailing Address

 Phone Fax Email

Project Expenses	FBJSL Funds	Other Funds	Total Funds
Total Expenses			

 Signature Date

 Name Title