



2024 Mid-Year Grant Report

Organizational Information

Name of Organization:

Address:

City/State/Zip:

Total Grant Amount Received from the WDA Foundation:

Name of Program/Project:

Duration of Program/Project or Date of Event:

Responses to the questions below may be typed below the question(s) or on a separate document

1. Provide an update on the program/project as of the end of May 2024. Share any highlights, challenges, successes, lessons learned, unexpected outcomes and other relevant information.
2. What is the goal for the number of individuals to be served by this program/project? How many individuals have been served through May 2024? Will you reach the state goal for the number of individuals served by the end of the grant cycle? Please explain only if you see any reasons for not reaching the stated goal by the end of the grant cycle.
3. Of the total grant monies received, how much has been used for the program/project as of May 2024? Will you expend all the grant monies by the end of the grant cycle? Please explain only if you see any reasons for not using the remaining grant monies by the end of the grant cycle.
4. If the grant monies are expended by end of the grant cycle, will there be a need for further funding to continue/expand the program/project? If yes, how will the program/project be funded?
5. How can the WDA Foundation help meet the needs of your clients' oral health care needs in the future?
6. Please provide the WDA Foundation with an impact story related to your program/project. It can be a written testimonial, photo, video, social media post, brochure, etc. The impact story should allow the viewer/reader to understand how the grant monies are making a difference in the lives of your clients. **Please note: the WDA Foundation may use this impact story to further our ability to raise funds or share your story with our donors or members. The Foundation will seek proper releases with your organization prior to using any story.**

7. Name, title, phone number and email address of staff person filling out this form.

I have read this mid-year grant report and I attest to its accuracy and truthfulness:

Name of Executive Director or Chief Staff Officer:

Signature of Executive Director or Chief Staff Officer: _____

Date: _____

Mid-year grant report is due by via email by 11:59 p.m. on July 10, 2024
m Spiegelhoff@wda.org