

**Community Engagement and Outreach Closeout Report**

**Direct Service Program Enhancement**

This Closeout Report should be completed by an authorized official within the agency/organization.

|  |
| --- |
| **Name** |
|  |
| **Title** |
|  |
| **Provider/Organization Name** |
|  |
| **Program Name** |
|  |
| **Email** |
|  |
| **Site Location(s)** |
|  |
| **Date(s) of Services** |
|  |
| **Website** |
|  |
| **Grant Award Amount** |
| $ |
| **Narrative**  Explain how the award was used and how this grant award assisted you in your work to improve the lives of children and families. Include the specific services or activities. |
|  |
| **Number of Elementary School Participants (Grades K-5) (if applicable)** |
|  |
| **Number of Middle School Participants (Grades 6-8) (if applicable)** |
|  |
| **Number of High School Participants (Grades 9-12) (if applicable)** |
|  |
| **Number of System Involved Youth (Ages 16-21) (if applicable)** |
|  |
| **Percentage of Children with Disabilities (if applicable)** |
|  |
| **Total Number of Participants** |
|  |
| **Strengths/Impact**  Describe the strengths or positive impact of your program, service, activities or event. |
|  |
| **Challenges/Obstacles**  Explain the challenges and/or obstacles of the program service, activities or event supported by this grant. |
|  |
| **Opportunity for Growth/Reflection on Impact** |
|  |
| **Upload Documents (i.e., photos, videos and /or event promotional materials that highlight the services supported by this grant)**  (Ensure photo releases are maintained in your records.) |
|  |
| **Upload your Trust Academy Certificates** showing evidence of course completion, if applicable. |
|  |