

Final Grant Report for the 2020 Arkansas Imagination Library Emergency Book Assistance Grant Recipients



Arkansas

Congratulations for being selected as one of Arkansas Imagination Library's Emergency Book Assistance grant recipients. We applaud the work you are doing to promote early childhood literacy in your community.

Please complete this grant report form and submit the documents **via e-mail by 12:00 AM on November 13, 2020** to sara@arimaginationlibrary.org.

If you have any questions regarding this grant report, please contact Sara Drew, Fund Development Director, at sara@arimaginationlibrary.org or call (501) 472-7728.

Affiliate Information

Name of Affiliate: _____

Name of County: _____

Person Completing Grant Report: _____

Contact E-mail: _____ Phone: _____

Grant Report

Award Amount \$ _____

Number of Children _____

How many children were served using Arkansas Imagination Library grant funds?

Project Start Date _____

(Must be on or after July 1, 2020)

Project End Date _____

(Must be on or before October 31, 2020)

Project Summary

Give a 3-5 sentence summary of the project for which you received funds and how your affiliate program used the grant funds awarded. *(For example, "ABC Affiliate enrolled 100 new children, ages 0 to 5, in ABC County between July 1, 2020 and October 31, 2020")*.

Project Outcomes

How did this grant make a difference in your affiliate’s ability to serve children in your community?

Measurement of Outcomes

What were the strategies your affiliate used to increase enrollment numbers? If your affiliate did not increase enrollment numbers, please explain why?

Enrollment Numbers

For July and projected enrollment numbers, enter the numbers used on your grant application.

July 2020 Enrollment Number: _____

Projected August Enrollment: _____ Actual August Enrollment: _____

Projected September Enrollment: _____ Actual September Enrollment: _____

Projected October Enrollment: _____ Actual October Enrollment: _____

Current Enrollment Number: _____

Other

Would you like to share additional information to demonstrate this grant’s impact on your affiliate? Testimonials from families, teachers, or volunteers are powerful ways to convey the impact of a grant.

I certify that the information provided in this grant report is correct and accurate to the best of my knowledge.

Affiliate Coordinator or Board Chair

Date