

Martha's Vineyard Savings Bank Charitable Fund

A Permanent Endowment of Martha's Vineyard Donor Advised Fund

Narrative Report



Grantee Organization: _____

Grant Program/Project: _____

Amount of Martha's Vineyard Savings Bank Charitable Fund Grant: _____

Total Cost of Program/Project: _____

Period Covered in this Report: _____ to _____

1. Briefly summarize the objective of the program/project funded by the grant award from the Martha's Vineyard Savings Bank Charitable Fund.
2. What was the outcome of this program/project? Did it meet expectation? What remains to be accomplished?
3. Is there any lasting impact that our program/project will have on the Vineyard?
4. How did the grant from the Martha's Vineyard Savings Bank Charitable Fund affect the outcome? What other sources of funding supported this program/project?
5. What, if any, difficulties were encountered during the program/project? Why did they occur? What was done to address these difficulties?
6. What occurred during the program/project that exceeded your expectations?
7. Is a follow up program/project being considered? If so, what would be its objective/s?
8. How did this program/project build your organization's capacity (i.e, skills, knowledge, leadership, clients etc.)? How did it build new or stronger relationships between your organization and others? Please list the groups that collaborated with you on this program/project and briefly describe the nature of those collaborations.
9. Is there any information that helps describe this program/project such as pictures, press reports and testimonials? If so, please include copies, as possible.

10. Please share your experience with working with the Martha's Vineyard Savings Bank Charitable Fund. What improvements in the grant process would you suggest?

Report Prepared By: _____

Signature: _____

Title: _____

Telephone: _____ Email: _____

Date: _____

Please return this narrative report to the MVSB at P.O. Box 1069, Edgartown, Massachusetts 02539.