

Coronavirus Relief Fund Grant Reporting – 1 year

1. ORGANIZATION INFORMATION

Legal Business Name: _____

Other or Previous Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Nonprofit EIN: _____

Organization Status: (e.g. 501(c)(3) nonprofit, educational, or governmental entity)

Website URL: _____

First Name of Highest Ranking Officer: _____

Last Name of Highest Ranking Officer: _____

Title of Highest Ranking Officer: _____

Mission Statement: _____

2. CONTACT INFORMATION *(Person completing this grant report)*

Contact First Name: _____

Contact Last Name: _____

Contact Title: _____

Main Phone: _____

Secondary Phone: _____

Email Address: _____

3. GRANT RECAP

Originally Stated Grant Purpose: _____

Total Amount Granted: _____

4. AUDIENCE SERVED BY YOUR PROGRAM/PROJECT

Communities Served: *(Select all that apply.)*

Children/Youth

Disabled

Elderly/Seniors

Families

Food Insecure

Homebound

Homeless

Immigrants

Individuals - mental health needs

LGBTQ

Low Income

Medically Fragile

Residents (general population)

Small Businesses

Students

Under or Unemployed

Veterans

Victims of Domestic Violence

Other, please explain other:

B. Ages Served: *(Estimate population served by percentage. For example 0-18: 20%, 19-45: 80%. Total should equal 100%.)*

0 to 18 _____
19 to 45 _____
46 to 64 _____
65 and above _____

C. Gender Served: *(Estimate population served by percentage. For example, Male: 50%, Female: 40%, Other Gender Type: Transgender, Other Gender Type % Served: 10%. Total should equal 100%.)*

Male _____
Female _____
Description of Other _____
Other Gender Type % Served _____

D. Income Level Served: *(Estimate population served by percentage. For example, Below the Poverty Line: 50%, Above the Poverty Line: 50%. Total should equal 100%. [View poverty threshold data here.](#))*

Below the Poverty Line _____
Above the Poverty Line _____

E. Ethnicities Served: *(Estimate population served by percentage. For example, American Indian: 50%, Asian: 50%. Total should equal 100%.)*

American Indian and Alaska Native _____
Asian _____
Black or African American _____
Caucasian _____
Hispanic or Latino (of any race) _____
Native Hawaiian and Other Pacific Islander _____

F. Ethnicities Served Per Zip Code: *(Estimate % of ethnicities served in all applicable Zip Codes. For example, 90802: 50% American Indian, 50% Asian. See map of Long Beach Zip Codes here.)*

90802 _____	90807 _____	90814 _____
90803 _____	90808 _____	90815 _____
90804 _____	90810 _____	90840 _____
90805 _____	90812 _____	
90806 _____	90813 _____	

This information was not collected

G. Total Number of Individuals Served: *(Estimate all individuals vs families. For example, a family of four counts as four.)* _____

H. Individuals Served Per Zip Code: *(Estimate number of individuals served in each Zip Code. For example, 90802: 350. Please report all individuals vs families. For example, a family of four counts as four. See map of Long Beach Zip Codes here.)*

90802 _____	90807 _____	90814 _____
90803 _____	90808 _____	90815 _____
90804 _____	90810 _____	90840 _____
90805 _____	90812 _____	
90806 _____	90813 _____	

Additional Comments: _____

I. Individuals Served Per District: *(Estimate number of people served in each applicable district. See map of Long Beach districts here.)*

District 1 _____	District 4 _____	District 7 _____
District 2 _____	District 5 _____	District 8 _____
District 3 _____	District 6 _____	District 9 _____

J. Any Other Quantifiable Data Based on Your Program: *(How many meals served, how many families helped, how many loans provided, how many grocery cards purchased, etc.)*

5. PROGRAM/PROJECT RESULTS

We understand that the circumstance surrounding your program or project may have been impacted by the evolution of the virus and its impact on the community. Please reflect candidly on how your organization used this grant and what results occurred. All fields are required. Maximum 500 word count per answer.

How long did it take you to expend the grant funding? _____

What were yours goals of the project? _____

What was your biggest success with the project? _____

How did people benefit from this project? _____

How were people lifted up by the crisis through your efforts? _____

To what extent were the project goals achieved? _____

To what extent were the project goals not achieved? Why? _____

What challenges arose during the course of the project? _____

In hindsight, what would you have done differently, if anything? _____

What plans do you have for continuing this project (if at all)? _____

Additional Comments: _____

6. CASE STUDIES/ATTACHMENTS

*(Please provide any case studies, social media posts, letters, and/or photos that will help tell the story of your grant efforts. **PDF, JPG and PNG are the only acceptable file types.** Please do not use any special characters, or periods in your file name, it will prevent you from uploading your document.)*