

Catalyst Fund Final Report

Date:

Name of Organization:

Fiscal Agent (if different from your organization):

Address:

Contact person:

Title:

Phone:

Fax:

Email:

Period that this report covers: ___/___ to ___/___

Grant Amount:

Project Title/Description:

1. Explain the results or benefit of the Catalyst Fund grant.

2. Describe any setbacks encountered during the period of this grant.
 - a) How did these setbacks impact your organization or project?
 - b) How were these setbacks addressed?

3. Attach final project budget (include a copy of purchase receipts, if appropriate).

ADDITIONAL ATTACHMENTS:

- ___ Promotional/dissemination materials (i.e. brochures, flyers, ad copy)
___ News Clippings

This report may be submitted in one of the following ways:

Mail: BCBSMA Foundation, 401 Park Drive, Boston, MA 02215, Attn: Final Report
Fax: 617-246-3992