2020 Impact Grant First Quarter Report

It’s time to update the ENF on the Lodge’s Impact Grant progress through March 31! Tell us about successes, obstacles, concerns, or anything else you’d like us to know. We’re here to provide guidance and support.

The form and supporting documents may be **emailed** to *dougw@elks.org,* **faxed** to 773/755-4729 or **mailed. The deadline for this report is April 15, 2020.** If mailing, send to:

Elks National Foundation

ATTN: Doug Wise

2750 N. Lakeview Ave.

Chicago, IL, 60614-2256

**Important**: Please mail, fax or email the First Quarter Report with **full documentation only**. To save time, paper, and confusion, do not email half and mail the other half. If you have any questions, please email *dougw@elks.org* or call 773/755-4978.

**Report Checklist:**

**Completed Progress Report**–Both ***the stats*** and ***the stories*** portion of this report are completed in detail, all questions are thoroughly answered, and the report is signed.

**Budget & Narrative**–Complete the budget form provided to reflect expenses incurred and cleared through March 31. Use the Budget Narrative to explain the expenses. Attach receipts and paid invoices for all quarter one expenses. Please do not send the report without these attachments.

**Attachments**–Please email digital photos or video files to *dougw@elks.org*. Include in this report copies of newspaper articles, promotional materials, thank-you letters, or any other material you feel is relevant.

*\*By emailing photographs, the Lodge certifies that it has the permission of the subjects to use and reproduce their name and/or likeness and to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks National Foundation.*

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| **I. Contact Information** |

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| **Lodge Name:** | **Lodge No**.: |
| **Project Name:** | |
| **Project Manager** |
| Name: |
| Phone Number: |
| Email Address: |
| **Secondary Project Contact** |
| Name: |
| Phone Number: |
| Email Address: |

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| **II. The Stats** |

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| 1. How many Elks were involved in the project this quarter? |
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| 2. How many individuals were served this quarter? A ballpark figure is fine. (However, *please* make sure this number is unduplicated, i.e., if you served 10 people in January and then those 10 again plus 2 new people in February, you have served 12 people total.) |
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| 3. About how many volunteer hours did Lodge members put into this project this quarter? |
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| 4. Please choose one other statistic, unique to your project and not listed above, that your Lodge would like to track in 2020. What is it? How will you track it? |
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| **III. The Story** |

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| 1. What did the Lodge accomplish this quarter? What did the Elk volunteers do? |
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| 2. State a goal of the project. What progress has been made towards this goal? |
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| 3. Have there been any obstacles? Has the project changed in any way because of this? Do you anticipate obstacles in the coming months? |
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| 4. Tell us an anecdote about the project in this quarter. This could be a story about someone who was helped, a story about a volunteer, or another story of impact. |
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| **IV. Budget Information** |

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| BUDGET CATEGORY | ENF FUNDS **REQUIRED** | IN-KIND | TOTAL 1st QUARTER PROGRAM COST |
| Staff Salaries: | N/A |  |  |
| Equipment: |  |  |  |
| Materials, Supplies: |  |  |  |
| Travel: |  |  |  |
| Other: |  |  |  |
| **TOTAL:** |  |  |  |

**Budget Narrative:**

Please use this space to explain purchases made during this quarter. **DO NOT LEAVE THIS SECTION BLANK**. If the Lodge made no purchases in this quarter, that’s okay, but please explain.

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| **V. Signatures** |

By signing this 2020 Impact Grant First Quarter Report, you certify that all information provided, including all claims of expenditures, is correct.\*

Date: Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Project Manager*

Date: Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Exalted Ruler (if the same as above, Secretary should sign)*

Date: Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Treasurer*

\*Please note, three signatures by three different individuals are required. Without all three, the report is incomplete.