

**The F.F. Thompson Foundation, Inc.  
Mary Clark Thompson Grants  
Final Report**

Please submit this final report within 6 months of receiving funding to The F.F. Thompson Foundation.

Directions: Please complete the fillable pdf form, save it and then:

Email to:  
Foundation@thompsonhealth.org

or

Mail to:  
The F.F. Thompson Foundation, Inc.  
350 Parrish Street  
Canandaigua, NY 14424

**General Information**

**Organization Name:**

**Project Title:**

**Amount Received:**

**Funding Year:**

**Contact Name:**

**Contact Title:**

**Contact Phone:**

**Contact Email:**

**Goals, Objectives, and Outcomes**

**Please describe the goal of the project. What did you aim to accomplish with your project? (100 words or less)**

**Please describe the project's progress toward its goals.**

Explain how the project was successful in benefitting the health and wellness of the residents of the Thompson Health community.

Please describe specifically how outcomes and impact were measured. Include overall number of persons who benefitted from the project and a clear statement of the benefit received.

If the project involved collaborating/partnering with other organization(s), please comment on the collaboration's effect on the project.

**Unanticipated Developments or Challenges**

Describe any factors that have contributed to or impeded the success of the project and explain the effect on the proposed goals and timeline.

If you had an opportunity to re-do this project, are there things you would do differently? If yes, what?

**Other**

Did you have the opportunity to recognize The F.F. Thompson Foundation as a funding partner? How? When?

**Project Budget**

Please provide a final project budget including all revenue sources (including other funding sources) and all expenditures. Explain any significant variances from your original budget.