FOUNDATION
MASSACHUSETTS

Catalyst Fund Final Report

Date:

Name of Organization:

Fiscal Agent (if different from your organization):

Street Address:

City/State/Zip:

Contact person:

Title:

Phone: Fax: Email:

Period that this report covers: ___/___ to ___/___ (mm/yy)

Grant Amount:

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1. Explain how the Catalyst Fund grant increased or benefited your organization's capacity.

2. Describe any setbacks encountered during the grant period.

a) How did these setbacks impact your organization or project?
b) How were these setbacks addressed?

3. Attach the final project budget for this grant.

ADDITIONAL ATTACHMENTS:

____ News Clippings (if available)

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

Mail: BCBSMA Foundation, 401 Park Drive, Boston, MA 02215, Attn: Catalyst Fund Report
Fax: 617-246-3992
E-mail: grantinfo@bcbsmafoundation.org