

## INTERIM REPORT

#### INSTRUCTIONS

The Raul Tijerina Jr. Foundation wants to learn about the progress your organization has made in implementing your grant program. A condition of receiving a grant from the Foundation includes the obligation to submit an Interim Report and a Final Report.

Completion of these reports helps our Foundation better understand your mission and more fully appreciate how your grant program has enhanced the Rio Grande Valley communities. Please be as candid, reflective and succinct as possible. We are interested in hearing about your successes and challenges, and how you have addressed them.

Please refer to your original grant application for your program description, goals, time-tables, and budgeting.

Your Interim Report is due 6 months after receipt of grant funds. Your Final Report is due 12 months after receipt of grant funds. If grant funds are fully expended earlier than 12 months after receipt of grant funds, your Final Report is due not later than 30 days after the grant funds have been expended.

Future grants and grant funding are contingent upon timely receipt and approval of your Interim Report and Final Report.

For questions, assistance, or to submit your reports and any required documentation, please contact us by email at:

### TIJERINA FOUNDATION

c/o Lynn Stanley Private Foundation Services, Inc. 4265 San Felipe, Suite 1100 Houston, Texas 77027-2913 pfs@privatefoundationservices.com

GRANT APPLICATION #:	 · -
(For use by Tijerina Foundation)	



Date of Report:

# THE RAUL TIJERINA JR. FOUNDATION

## **INTERIM REPORT**

Name of Grant			
Program:			
Or	ganization Information		
	-		
NAME OF ORGANIZATION			
(The applicant's name should be the same	as the name on the organization	i's IRS determination	letter and on its
IRS Form 990)			
Address	City, State, Zip	Employer Identif	ication Number
		(EIN)	
Phone	Fax	Website	
Name of Chief Executive Officer	Title	Phone	E-mail
N CD 1CL :	m' d	DI	Т 1
Name of Board Chairperson	Title	Phone	E-mail
Name of contact person regarding	Title	Phone	E-mail
this report	Title	THORE	L-man

Please answer or provide information on each of the following:
1. Original amount of grant award: \$
2. Date when grant funds were received:
3. Interest income earned on the grant funds: \$
4. Grant funds not yet expended: \$
5. Brief summary of original grant program: (If you need additional space for your response, please attach a separate sheet.)
6. Original goals of grant program: (If you need additional space for your response, please attach a separate sheet.)
7. Percentage of grant program goals achieved:%
8. Describe the progress you made towards achieving the original goals of your grant program:  (If you need additional space for your response, please attach a separate sheet.)
9. Describe the goals not achieved, and explain whether, when and how these goals will be reached: (If you need additional space for your response, please attach a separate sheet.)

10. Describe any board, management or staff changes since the original grant application: (If you need additional space for your response, please attach a separate sheet.)
11. Describe challenges or benefits you encountered in implementing the grant program:  (If you need additional space for your response, please attach a separate sheet.)
12. Describe any plans or changes to address unanticipated challenges or benefits encountered: (If you need additional space for your response, please attach a separate sheet.)
13. Describe any variances between the original grant application budget and actual spending: (If you need additional space for your response, please attach a separate sheet.)
14. Describe (and include copies) of any public recognition, awards, press releases, news articles, media coverage, or other publicity (including photos or video) regarding the grant program:  (If you need additional space for your response, please attach a separate sheet.)

15. Have you raised additional funds for the grant program? If so, how much, from what sources, and for what purpose? (If you need additional space for your response, please attach a separate sheet.)		
16. What plans have you made for long-term funding for the grant program beyond this grant? (If you need additional space for your response, please attach a separate sheet.)		

This Interim Report must be signed by the or of its governing board of directors.	ganization's chief executive officer and the chairperson	
The undersigned board chairperson and chief executive officer hereby certify that the information contained in this Interim Report and in the attached records is true and correct.		
Name of Organization:		
Signature, Chairperson, Board of Directors:		
	Name (printed):	
	Title (printed):	
Signature, Chief Executive Officer:		
	Name (printed):	
	Title (printed):	