KIRCHGESSNER
VISION FOUNDATION
Supporting Vision Solutions
14431 Ventura Blvd #266, Sherman Oaks, CA 91423
Tel. (310) 704-8074

REPORT OF GRANTEE

(As Revised 06/23/2026)

Please Refer to the Foundation's Grant Making Guidelines Before Completing This Form.

First Report Due December 1st of Current Year. Subsequent Report(s) Due Every Six Months Thereafter Until Grant Funds Have Been Expended.

Date of report: _____

Period covered: _____

Name of grantee organization: _____

Date grant issued: _____

Initial amount of grant: $ _____

Amount of grant funds remaining: $ _____

Amount of grant expended in period covered by this report: $_____

Direct Expenses

Direct Salaries and Wages $_____

Related Fringe Benefits $ _____

Equipment $ _____

Materials $ _____

Subcontracts and Consultants $ _____

Travel $ _____

Other (please specify below)

Total Direct Expenses $_____

Indirect Expenses (_____% of Total Direct Expenses) $_____

Total Budget (Total of Direct & Indirect Expenses) $_____

Brief summary of progress to date in accomplishing grant objectives:

Attach additional pages, as needed

Brief narrative assessing the impact of the program and benefits achieved as a result of the grant:

Attach additional pages, as needed

(a) If grant funds remain, how is it anticipated that the funds will be expended?:

Attach additional pages, as needed

(b) If the project has not yet been competed, by what date is it anticipated that the project will be competed? _____

Please note: Our Formal Grant Application states that if a grantee determines that some or all of the funds donated by the Foundation are used for any purpose(s) not covered by the Approved Purposes, as defined in the Formal Grant Application, the grantee shall submit a request to the Foundation describing the proposed change(s) and obtain the Foundation's written approval of such change(s) prior to using grant funds for any purpose(s) other than the Approved Purposes.

There has ☐ has not ☐ been any change in the nature of the project for which grant funds were given. If answered in the affirmative, please attach a detailed explanation.

The undersigned organization continues to maintain its tax-exempt status for federal tax purposes: Yes ☐ No ☐ If answered in the negative, please attach a detailed explanation.

Name of reporting organization:

_____

Signature:_____

Signer's name and title:

_____