**INSTRUCTIONS FOR COMPLETING THIS REPORT:**

* This report must be submitted in English and approved by your organization’s primary contact person for this project.
* Please report on activities conducted and results achieved during this reporting period as specified in your Grant Agreement.
* The information provided in the report must correspond to the financial information from the financial reports.
* Incomplete reports will not be accepted and may lead to a delay in disbursement of funds.
* Please do not insert photos in this narrative report. If you wish to submit photos, please send them as an attached addendum to this report. PDF attachments are preferable to links for any communications and media outputs.
* **Please ensure you have the following documents ready before you submit this report. Please submit all these documents together to** [**grants@tobaccofreekids.org**](mailto:grants@tobaccofreekids.org) **and copy your Program and Financial Compliance Officer.**

Updated work plan reflecting progress. If you are requesting significant changes to your work plan, please submit a revised work plan and modified budget.

Completed Financial Report

Any appendices or supporting documentation

* Toward the end of this report, please verify that no funds were used to support or oppose a candidate for elected office.
* At the end of the report, simply **TYPE** your name and current date to verify the accuracy of the information in this report. Signature is not required.

**Campaign for Tobacco-Free Kids (CTFK), Tobacco-Free Kids Action Fund (TFKAF),**

**Global Health Advocacy Incubator (GHAI)**

**NARRATIVE REPORT**

Please check report type:  Interim  Final

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GRANT INFORMATION** | | | | | | |
| Project ID |  | | | | | |
| Organization’s legal name |  | | | | | |
| **Project Title** |  | | | | | |
| **Specific Objectives:**  (Please include all objectives in your grant; if you have more than four objectives, please add them in the box to the right) |  | | | | | |
| **Project Duration**  (Dates and # of months) |  | **Grant Amount:**  (in U.S. dollars) | | |  | |
| **Reporting Period**  (mm/dd/yy – mm/dd/yy) |  | **Interim Report #** | | | |  |
| **REPORT PREPARER** | | | | | | |
| Title (Dr / Ms / Mr) |  | | First Name |  | | |
| Family Name |  | | Position |  | | |
| **Direct email** |  | | | | | |
| **Skype ID** (if applicable) |  | | | | | |

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| **Section Two: Executive Summary** |
| *Briefly describe the overall progress made during this reporting period (no more than 300 words).* |

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| **Section Three: Activities and Progress on Work Plan** |
| *Using the table below, report on activities outlined in your work plan for this reporting period*   * *Under ‘Progress’, please state what has been accomplished under this activity for this reporting period. Please refer to outputs and outcomes from the approved final narrative proposal.* * *Describe any changes made to the activities and include reasons for these changes in the ‘Explain any Changes’ column.* * *Please add extra tables if you have more than four objectives.* * *You may add additional lines if you have more than four activities for any objective.* |

**Activities and Progress on Work Plan**

|  |  |  |
| --- | --- | --- |
| **Objective 1:** | | |
| **Activity** | **Progress** | **Explain any Changes** |
| **1.1** |  |  |
| **1.2** |  |  |
| **1.3** |  |  |
| **1.4** |  |  |
| **1.5** |  |  |
| **1.5a** |  |  |

|  |  |  |
| --- | --- | --- |
| **Objective 2:** | | |
| **Activity** | **Progress** | **Explain any Changes** |
| **2.1** |  |  |
| **2.2** |  |  |
| **2.3** |  |  |
| **2.4** |  |  |

|  |  |  |
| --- | --- | --- |
| **Objective 3:** | | |
| **Activity** | **Progress** | **Explain any Changes** |
| **3.1** |  |  |
| **3.2** |  |  |
| **3.3** |  |  |
| **3.4** |  |  |

|  |  |  |
| --- | --- | --- |
| **Objective 4:** | | |
| **Activity** | **Progress** | **Explain any Changes** |
| **4.1** |  |  |
| **4.2** |  |  |
| **4.3** |  |  |

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| **Section Four: Significant Achievements and/or Opportunities this Reporting Period** |
| *List up to three major achievements, opportunities, and/or partnerships that resulted from activities implemented during this period. Please specify if these achievements and/or opportunities were the result of activities funded by this project* |
| **Section Five: Obstacles to Project Success** |
| *Detail what obstacles you may have encountered and detail their impact on the achievement of project targets. Please explain how you plan to overcome these obstacles.* |
| **Section Six: Request for significant changes to the Grant Agreement** |
| *Significant changes of over 10% to any budget line item (i.e. Project goal, project objectives and project activities) require prior approval from CTFK/TFKAF/GHAI. Any payments of over $10,000 to third parties (sub-contractors, consultants, agencies, etc.) that are not included in the original budget must be pre-approved by the PO/FCO. Please justify your proposed changes (including request for a No-Cost Extension) and reference any discussions had with your PO/FCO. Please include with the report the new proposed work plan and budget highlighting the changes.* |
| **Section Seven: Financial Statement** |
| *The Financial Report template must be completed and submitted with this report. Please note changes made to the budget during the reporting period, in**cluding details about staff and/or consultants that joined or left the project. Please also update the Staff List tab on the work plan.* |
| **Section Eight: Technical Support & Feedback** |
| *List the following:*   1. *Technical support* ***requested*** *to assist with completion of the project objectives (legal, research, communications or grants assistance).* 2. *Technical support* ***received*** *during the reporting period.* 3. ***Feedback for CTFK/TFKAF/GHAI staff****, including recommendations for improving the program and grants management process.* |

**Please confirm that you have not used *CTFK/TFKAF/GHAI* funds to support or oppose candidates for elected office by checking the following box:**

No funds were used to support or oppose candidates for elected office.

**Please type your full name and current date to declare that the information provided in this report is true and accurate.**

|  |  |
| --- | --- |
| Name: | Date: |
|  |  |