Please complete this report form and submit it to Kelly Heide, CHFM Manager, at [kheide@aafp.org](mailto:kheide@aafp.org) within 30 days of project completion.

**GRANT RECIPIENT NAME**

**PROJECT TITLE**

1. **SUMMARY OF INTERVIEWS** Please provide a 2-3 paragraph summary of each interview conducted for this project.
2. **BUDGET RECONCILIATION**
   1. **ACTUAL EXPENSES** Report all expenses associated with the project including those funded by the Oral History Grant and other funding sources. Any unused funds need to be returned to CHFM.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ORAL HISTORY GRANT REQUEST** | **OTHER FUNDING SOURCES** | **TOTAL BUDGET BY CATEGORY** |
| **ADMIN, STIPENDS, FEES** |  | $ | $ |
| **TRAVEL/ TRANSPORTATION** | $ | $ | $ |
| **TECHNOLOGY/ EQUIPMENT** | $ | $ | $ |
| **TRANSCRIPTION** | $ | $ | $ |
| **OTHER** | $ | $ | $ |
| **TOTAL** per Funding Source | **$** | **$** | **$** |

* 1. **BUDGET NARRATIVE** Please include an explanation for each category, including both the expenses covered by the Oral History Grant and expenses covered by other funding sources, if applicable.

**ADMIN, STIPENDS, FEES**

**TRAVEL/ TRANSPORTATION**

**TECHNOLOGY/ EQUIPMENT**

**TRANSCRIPTION**

**OTHER**

1. **LESSONS LEARNED**
   1. **DESCRIBE ANY UNANTICIPATED CHALLENGES ENCOUNTERED THROUGHOUT THE PROJECT.**

* 1. **DESCRIBE ANY UNANTICIPATED BENEFITS DERIVED FROM THE PROJECT.**

* 1. **OTHER LESSONS LEARNED?**