



# FACILITY IMPROVEMENT GRANT FINAL REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EARLY CHILDHOOD

SFN 1993 (8-2024)

Contact Name	DHHS License Number
Growing Futures Organization Name	Organization ID

Total Grant Award Amount	Total Cost of Your Improvement Project(s)
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Describe other funding sources you used to complete your project(s), if applicable.

Provide a summary of your completed facility improvement project(s).

What challenges or barriers did you face during the project, and how were they addressed?

Describe how your facility improvements have impacted your child care business.

Describe any remaining facility improvement projects that still need to be completed.

What feedback have you received from parents and staff regarding the facility improvements? How do they perceive the changes in the facility?

Share any key insights or lessons learned during the project that could benefit future initiatives.

**Report Completed By**

Print Name

Signature

Date

**Upload this completed form into the Growing Futures document vault along with pictures of completed project(s), receipts, and any other supporting documents.**