

Community Grants Program 2026

Truman Heartland Community Foundation

Question Group

Organization Name*

Character Limit: 100

Amount Awarded

Character Limit: 20

Type of Request

Choices

General Operating Support (e.g. organization administration salaries, overhead, consultant fees)

Program Support (e.g. program staff, overhead, supplies, curriculum, equipment/software, mileage)

General Operation Report

Amount Requested from THCF

Character Limit: 20

Total Operating Expenses

Character Limit: 20

Actual Total Operating Expenses*

Actual amount spent.

Character Limit: 20

Total Funding from Other Sources

Do not include amount received from THCF.

Character Limit: 20

Actual Total Funding from Other Sources*

Actual amount received from sources other than THCF

Character Limit: 20

Income & Expenditures*

Please provide an account of the income you secured and your expenses. Please report the specific expenditures from this THCF grant.

Character Limit: 4000

Goals/Objectives/Activities

Describe your organization's goals and objectives. Describe the activities that will achieve these goals. Share how these goals align with your strategic plan.

Character Limit: 2200

Agency Outcomes

Please list quantifiable and measurable outcomes pertaining to agency goals mentioned above. *Show highlights of the results of your programs and services and how your goals were achieved, including strategic plan goals.*

Character Limit: 2050

Actual Results*

Please provide a full/complete reporting of the goals/objectives/activities and Agency Outcomes (LISTED ABOVE). Describe any events that hindered or elevated your success.

Character Limit: 6000

Program Support Report

Program Name

Character Limit: 100

Amount Requested from THCF

Character Limit: 20

Total Program Expenses

Character Limit: 20

Actual Total Program Expenses*

Actual amount spent on program.

Character Limit: 20

Total Funding from Other Sources

Do not include amount received from THCF.

Character Limit: 20

Actual Total Funding from Other Sources*

Actual amount received from sources other than THCF for the program.

Character Limit: 20

Income & Expenditures*

Please provide an account of the income you secured and your expenses. Please report the specific expenditures from this THCF grant.

Character Limit: 4000

Program Goals and Activities

What are your program goals? What activities help you achieve these goals? How do you promote your program to the target population? **Goals are large statements of what you hope to accomplish.**

Character Limit: 1500

Program Outcomes

Please list measurable outcomes. (e.g. At least 85% of clients will meet at least one personal goal in the first 30 days.) **Outcomes measure program effectiveness or the change in the problem.**

Character Limit: 1800

Actual Results*

Please provide a full/complete reporting of the goals/objectives/activities and outcomes (LISTED ABOVE). Describe any events that hindered or elevated your success.

Character Limit: 6000