

PREPARATION

Read this before starting the report submission process.

All Final Reports must be submitted through [NYHealth's online grantee portal system](#). Remember that some requested information may require collaboration from other departments in your organization.

Helpful tips:

- **Timing Out** – The grantee portal is set to time out after one hour. Please *regularly* save while working.
- **Complete as a Word Document** – Complete the report as a Word document first; then copy and paste into the appropriate online fields. Each section lists a maximum character limit.
- **Online Formatting** – Narrative fields in the online reporting form are plain text format and do not support any formatting. List any references/footnotes parenthetically in the text.
- **Save and Return** – You do not have to complete the reporting form all at once. You can save your work and return at a later time by logging back on to the grantee portal.

GRANTEE SUPPORT

For programmatic questions regarding your report, please contact the Foundation staff member overseeing your grant.

If you have questions or difficulties using the grantee portal, please contact the Grants Management Department, at gm@nyhealthfoundation.org or call **(212) 584-7675**; please leave your telephone number.

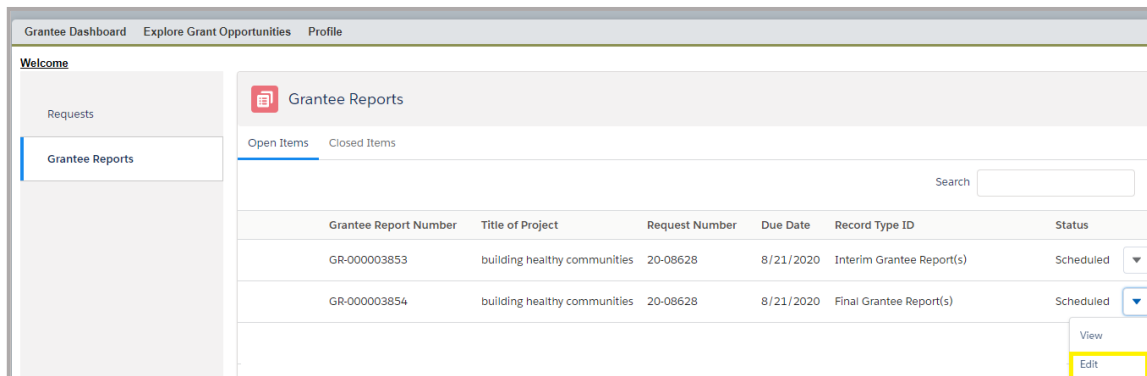
GRANTEE PORTAL LOGIN

Access NYHealth's [grantee portal here](#). Use the credentials you created during your application process to log in (do not create a new account).

- **Forgot Your Password?** Click on '[Can't access your account?](#)' to receive a temporary password.
- **Forgot Your Username?** Please contact NYHealth Grants Management as listed above.

ACCESSING THE GRANTEE PORTAL REPORT FORM

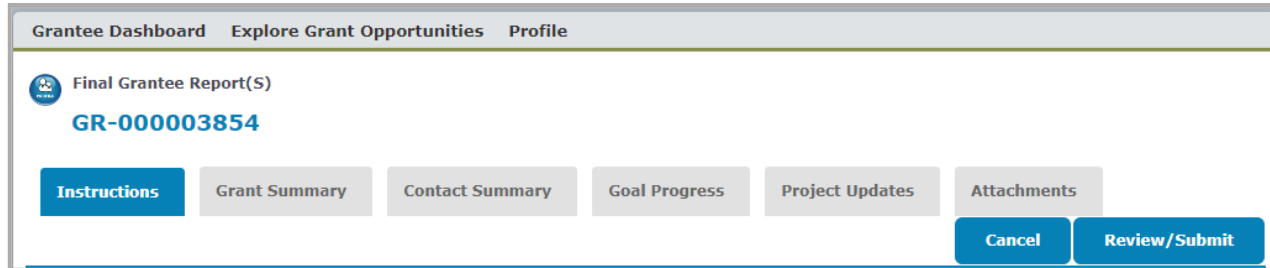
Once logged in, you will see this dashboard. Go to Grantee Reports, find your Final Grantee Report(s), and click the arrow on the right to edit.



The screenshot shows the 'Grantee Reports' section of the NYHealth Grantee Portal. It features a table with columns for Grantee Report Number, Title of Project, Request Number, Due Date, Record Type ID, and Status. Two reports are listed, both with a status of 'Scheduled'. The 'Edit' button for the second report is highlighted with a yellow box.

Grantee Report Number	Title of Project	Request Number	Due Date	Record Type ID	Status
GR-000003853	building healthy communities	20-08628	8/21/2020	Interim Grantee Report(s)	Scheduled
GR-000003854	building healthy communities	20-08628	8/21/2020	Final Grantee Report(s)	Scheduled

COMPLETING THE FINAL REPORT



Note: Depending on the nature of the project being funded, grantees may be asked to provide reports that differ from these general guidelines. Please consult with your designated Foundation staff member prior to preparing any reports.

I) Grant Summary

This section reflects information from your original grant application. Please click on **Save and Next** to go on to the next section.

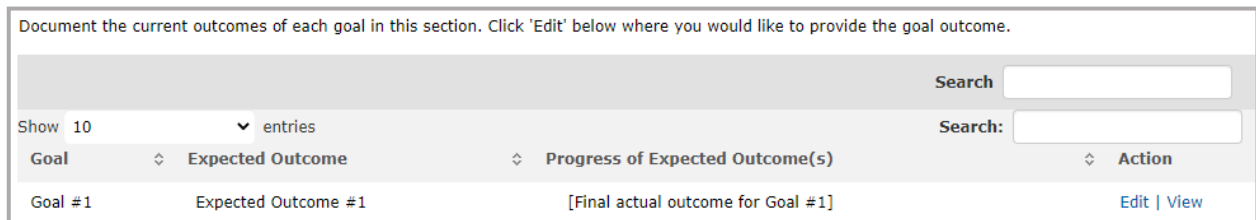
II) Contact Summary

This section reflects contact information from your original grant application. Please click on **Save and Next** to go on to the next section. If the primary contact for this grant needs to be updated, contact the NYHealth Grants Management team in Grantee Support section above.

III) Goal Progress

The goals and expected outcomes that were submitted in your initial online application are listed for your review. Please refer to your previously submitted Interim Report as a reference when completing this section.

For each goal, document the actual outcomes. (*Maximum length: 2,500 characters with spaces per goal*)



IV) Project Updates

Activities (*Maximum length: 5,000 characters with spaces*)

Describe the major activities of the project. Refer to your original work plan as necessary. Tell us which of these activities you successfully completed and which activities you either did not complete or that changed in nature.

Outcomes, Analysis, & Interpretation *(Maximum length: 20,000 characters with spaces)*

This is the most important section of the report and should be the most detailed. Describe the outcomes of your project, as well as any expected outcomes that were not achieved. Provide us with the results of your evaluation activities and the basis for your conclusions. Tell us about any obstacles that may have prevented you from achieving the expected outcomes.

Please reflect not only on the project's activities but also on the work itself—what does all of what you are doing mean? What is or could be the immediate and/or long-term impact of your work? Tell us whether the project is creating positive changes in policy or practice.

Communications & Dissemination *(Maximum length: 5,000 characters with spaces)*

Please describe (and attach in the next section) the major work products (e.g., reports and papers, videos, testimony, presentations, research tools) that resulted from your grant. What are your plans for disseminating your project's findings and products? Has there been any press coverage? Have others expressed interest in the project and its results? Have you been asked to speak about this project or publish its results?

If the grant included any products that were scheduled for public dissemination, please submit the final reports after the dissemination has occurred so any subsequent actions or impact can be captured and documented. For example, include all media coverage or other impact that occurred subsequent to the release of any reports, products, or other materials. Consult your Foundation program contact if this applies to your grant.

The Future *(Maximum length: 5,000 characters with spaces)*

Will this project continue beyond the grant-funded period? If so, how will you sustain these future efforts? What impact did this project have on you or your organization? Has this project led to other opportunities to work in this area or gain additional funding? If you were to do this project over again, are there things you would have done differently?

V) Attachments

1. Final Financial Reporting Template *(Required for all final reports except Conference Scholarship Reports)*

Download the [Financial Reporting Template](#), save the file to your computer, complete the template, and then upload it to your application. **Note:** Should there be any changes to the original approved budget, please notify your designated Foundation staff member as soon as possible.

Please ensure that your budget fits an 8.5 X 11 sheet of paper and full number/dollar amounts are visible in each cell. If a worksheet is "protected," the password is "nyshf."

2. Other Published Materials *(Optional)*

Have you produced any new reports, products, or other materials since the creation of your proposal and work plan? Have there been any press announcements? If so, please upload them here.

3. **Charts & Tables** (*Optional*)

This upload field is available to grantees who may have charts and/or tables, which are not supported in the online narrative fields.

VI) **Review/Submit**

When you have finished entering and saving all the necessary information under the various tabs, click **Review/Submit** at the top. You will then see your final report in its entirety.

If you need to make changes or edits, click **Back to Record** and update accordingly. Once you have reviewed all your information and have no other changes, click **Submit**. Select **Print** if you would like a printed copy of your final report. You will receive an e-mail indicating that you have successfully submitted the report form.

Not ready to submit? Click **Back to Record** and **Save**. Log back on to the grantee portal to continue editing at a later time.

FEEDBACK

We welcome and encourage your comments about your online experience. Please send your feedback to gm@nyhealthfoundation.org.