**POST GRANT REPORT FORM**

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION ONE — PROGRAM DESCRIPTION**

1. Program Title:
2. Program Short Description:
3. Program Type: New or Expand Existing
4. Program Start/End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Dollar Amount **Spent**:
6. Specific Health Issue Program Will Address: (*Please check all that apply)*

Improve overall community health Provide resources for restoration/maintenance of health

Bring high quality health care services to York Promote general health/wellness

Promote health education Engage in fundraising Engage in other activities directly or indirectly

1. Program Collaboration Partners: *Please list all collaborative organizations that worked on this program. If there were any changes to the scope of the collaboration from the letters of agreement that were submitted with the grant application, please indicate those changes here.*

**SECTION TWO — PROGRAM REPORT**

1. **SUMMARY.** *Please provide a summary of project activities completed****.***  *If there were any changes to the scope of your program design that was submitted with the grant application, please indicate those changes here.*

1. **PROGRAM IMPACT**. *In the chart below, please list outcome targets you planned to achieve in your* ***original application*** *and the actual results.*

**Outcome Proposed Indicator Actual Indicator Method of Measurement**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***\*If outcomes, indicators and method of measurement changed from your original application, please explain why.***

1. Number of people your project served:
2. The location of the population you served: (*zip codes)*

**SECTION THREE – BUDGET REPORT.** Please attach a financial report **comparing actual project income and expenses** against the projected income and expenses presented in your proposal budget.

Example:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expense** | **Calculation** | **Proposed**  **Total** | **Actual**  **Total** | **MHF** | **Other Source** | **Name of other source** |
| Supplies | $10/mo. x  12 mo. | $120 | $120 | $100 | $20 | ABC org |
| **Grant Totals** | | $120 |  | $100 | $20 |  |

**BUDGET COMMENTS:** Please explain any changes in your proposed budget and actual totals.

**SECTION FOUR — REFLECTION**

1. What ultimate impact did you want your program to achieve? Please reflect on the outcomes and results that were achieved:
2. Please list the lessons you learned through the grant program. Please also indicate how you intend to implement the lessons learned moving forward:
3. Do you see your project growing? How will your organization will sustain it?:
4. Evaluate the impact of your program: (1 – low impact to 5 – high impact)

1 2 3 4 5

1. **BENEFITS:** *Please use the chart below to list the top three benefits to the people served, overall community, and/or your organization that this grant helped you achieve.*

|  |
| --- |
| 1. |
| 2. |
| 3. |

1. **CLIENT TESTIMONIAL (optional):** *You may include up to 2 client testimonials describing how the grant program impacted them.*
2. **ADDITIONAL COMMENTS:** Share anything else you’d like us to know.

**SECTION FIVE – GRANT RECOGNITION**

1. Please list all ways Memorial Health Fund was recognized during the grant period (logo used on flyer, social media mention, news article, verbal recognition at event, etc.)
2. Other materials**:** Please provide copies of any media coverage or marketing materials for the project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title of Person Completing the Form Date