

Organization:  Amount Awarded: EIN: Executive Director:  Email: Phone Number:  Fax Number: Contact Person (If different from Executive Director): Contact Title: Contact Phone Number: Address1:  Address2: City:  State:  Zip: Project/Program Name: 

Three (3) Grant Objectives:

(Included in Grant Executive Summary) (200 characters maximum including spaces)

1. 2. 3. Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since your request for this grant? Yes:  No: 

If yes, please explain: (650 characters maximum including spaces)



COMMUNITY RECOGNITION GRANT  
PROGRESS REPORT PROJECT DATA

Progress Report: **FINAL**

Organization:

Project:

Measurement: Grant Cycle One Year	<i>Number Served</i>
Total Number of People served by grant program	
Total Number of Visits/Encounters with each client	
Total Number of New Clients	
Total Number of people served prior year	
Encounter data: Must include project objectives	

<b>Gender</b>	Male	Female
<i>Number Served</i>		

<b>AGE</b>	Under 6	6-17	18-64	65+	Unknown
<i>Number Served</i>					

<b>Health Insurance</b>	Uninsured	Private Ins.	Medicaid	Medicare	Unknown
<i>Number Served</i>					

<b>Encounter Type</b>	Transportation	Medical	Pharmacy	Dental
<i>Number of encounters</i>				

<b>Income</b>	Below Poverty Level	Above Poverty Level to \$50,000	\$50,000 to \$100,000	Above \$100,000	Not Available
<i>Number Served</i>					

*NARRATIVE*

**Results:**

1. Provide a broad overview of the successes of this program and share how this grant made a difference in your community. **(2,500 characters maximum including spaces)**



2. Describe how collaborative/cooperative efforts impacted outcomes. **(2,000 characters maximum including spaces)**



3. Did the actual project vary from your initial plans? If so, describe how and why.  
(2,000 characters maximum including spaces)



**Lessons Learned:**

What are the most important “lessons learned” from this project? List recommendations and describe unanticipated benefits and challenges. (2,500 characters maximum including spaces)





**PROGRAM SUSTAINABILITY**

Explain how this program will continue to be funded beyond the Foundation grant period.

- 1. How will you continue to fund this program beyond the grant period? (1,200 characters maximum including spaces):**

[Empty response area for question 1]

- 2. Our program has taken these steps toward financial sustainability: (1,200 characters maximum including spaces):**

[Empty response area for question 2]

- 3. Our program needs to take these steps toward financial sustainability: (1,200 characters maximum including spaces):**

[Empty response area for question 3]



**Individual Impact:**

Provide a human interest story that helps explain the success of the project.  
(2,500 characters maximum including spaces)

A large, empty grey rectangular area intended for the user to enter their human interest story.

**FINANCIALS:**

Use the provided budget form. Enter detailed expenses for the 12 months of the program/project.

**MATERIALS RELATED TO FUNDED PROJECT:**

Please provide materials relating to the funded project (i.e. press or news items, brochures, letters of support, photographs, etc.) in PDF format. Please email all materials along with your report and budget to the Foundation at [foundation@sentara.com](mailto:foundation@sentara.com). The Sentara Health Foundation reserves the right to use these materials in Foundation publications and public relations activities.

**We certify that the information contained in this FINAL report and all narrative attachments are true and correct to the best of our knowledge. We understand that any willful manipulation of information or data will result in immediate discontinuation of funds from the Sentara Health Foundation.**

A grey rectangular area intended for the signature of the Executive Director.

**Signature of Executive Director**