



www.unionhospitalfoundation.org

Grant Outcomes Report

Date of Report: _____

Date received by Foundation: _____

Department or Organization: _____
Name of Lead Contact: _____
Title: _____
Phone: _____ E-mail: _____
Address: _____
State: _____ Zip Code: _____

Program/Project Title: _____
Program/Project Start Date: _____
Communities or Counties Served: _____
Number of people served during grant period: _____
Demographic description of population served:

Program/Project Description:

(Please provide a summary description of the program/project including the goals and objectives. Also include how the grant funds were used. You may attach supplemental information to support your report.)

Outcomes:

Please describe the changes in individuals or communities due to their participation in this program/project.

Describe the methods you used to assess the success of the project.

What was the problem, challenge or need that was addressed?

What research, statistics or evidence supports the previous statements?

Date Reviewed by Grants & Awards Committee: _____

Date Reviewed by Board of Directors: _____