

Navicent Health Foundation

ENCOURAGING YOUR GENEROSITY TO TRANSFORM VISIONS INTO REALITY

Community Grant Report

Organization Name:

Project Name:

Amount Awarded:

Project Description:

What measures were used to define and evaluate your progress?

How many people were served?

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How did they benefit through the project/program?

Are there any outcomes outlined in the proposal that were not achieved?

What is the long-term strategy for funding?

Additional Comments:

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What is the amount of your grant award?

PROJECT SUPPORT

Proposed Amount

Actual Amount

Example: Contributions

Total Support

PROJECT EXPENSES

List all project expenses.

Vendor Name

Proposed Amount

Actual Amount

Example: Amazon

\$10,000.00

\$ 10,000.00

Total Expenses

Report Prepared by:

Date: