



Date:
Organization:
Organization Contact:
Phone number:
Email:

GRANT PERFORMANCE REPORT

1. What progress have you made toward your original goals and objectives?
 - a. Short-term outcomes?

 - b. Long-term outcomes?

2. Describe the populations served or community reached during the grant period.

Provide # of unique (non-duplicated) individuals served – broken down by **zip code**, not school district

Provide # of contacts (can be same individual on different dates) – broken down by **zip code**, not school district

Use numbers and demographics, such as race or ethnicity, gender and other geographical area descriptors.

What service(s) does your organization fulfill that is not offered by any other organization in the community?

3. What other group(s) worked on this project?

Partners	How did you partner with this group?

4. How did this grant make a difference in the previous 12 months?

To the organization as a whole?

- Attach **client testimonies**, stories reflecting this impact. (Optional)
 - Attach **photos of staff/program** environment. (Optional – If clients are included in any photos, please obtain their written permission to use the photo in Worthington Regional Health Care Foundation’s communications.)
5. What have you learned and what would you do differently?
6. How did this project measurably improve **community health and wellness**?
7. Do you plan to share your results or findings? How?
- Please include a summary of the external communications regarding the grant/program/results (A list or copies of information that was sent to local newspapers, TV news, enews, or corporate newsletters/community newsletters, etc.).
8. If continued, how will your project be funded in the future? If this grant was for general operating funds, what is the plan to sustain the program/organization in the future?