**Follow-up Report**

***Saint Francis Community Health Care, Inc.***

**Report Form\***

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Project Grant Period:  from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly summarize the major achievements of the funded Program.

1. Describe activities and factors that contributed to the success of the funded Program.

1. Describe factors that contributed to impeding its success and what changes were necessary to implement Project results.

1. What population or community (quantify if possible) was served and benefitted from the Program.

1. What staff members contributed to the success of the Program and how many members were utilized?

1. If volunteer staff was utilized, indicate how many people worked as volunteers on the Program.

1. Describe your plans for the future of the funded Project.

1. Assure Grantor, SFCHC, that all Grantee current tax returns have been filed.

***\* Report should not be more than two (2) pages, completed, and sent to SFCHC******by June 20, 2015***

***This Report is not a substitute for the Grant Application Process noted on the website (www.saintfrancischc.com )***