**Final Report due August 31, 2017**

**[Project/Agency Name]**

**Grant Outputs**

|  |  |  |  |
| --- | --- | --- | --- |
| Individuals Served \*Unduplicated | Month/Site | Total Project Monthly Expenses\*\*  | Type of Services/Activities Delivered and Type of Individuals Served (Children or Adults) |
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# *\* Please make sure you are reporting unduplicated numbers throughout the grant cycle,*

*and that you are only Including the direct beneficiaries of this grant.*

*\*\* In this column please register the total monthly expenses and please attach an accounting report detailing your grant expenses for the current grant cycle.*

# *Please include in photos (if application) from your program to include in HCHD Foundation’s Annual Report and other publications.*

# Grant Outcomes: Narrative

# Summarize Project Activities for Each Project Objective: *Briefly summarize project accomplishments addressing each project objective/goal/outcome as they were defined in the proposal. Please include a brief explanation on how your program evaluation took placed.*

**Additional Information:** *As a community partner, please state your role in advancing the mission of the Harris Health System and how you plan to continue partnering with the Harris Health System beyond this grant period. Also, please tell us how the HCHD Foundation was acknowledged.*

## Testimonial: *Feel free to include any other information you may deem appropriate. Please limit report to 5 pages.*