**HCHD Foundation Small Grants Final Report**

**[Project/Department Name]**

**Project Outputs: Activities**

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| --- | --- | --- | --- |
| # of Unduplicated  Beneficiaries | Month | Total Project Monthly Expenses | Type of Services/Activities Delivered  &  Type of Individuals Engaged/Served (patients/staff) |
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| *Please attach copy of the cost center ledger. Unissued funding needs to be returned to the Foundation.* | | | |

# Project Outcomes & Impact

# Summarize Project Activities:

*Briefly summarize project activities addressing project objectives/goals as they were defined in the proposal submitted to the SGF Committee.*

## Guiding questions:

* *How did you measure the success of the project? Was the project goal/objective achieved?*
* *What worked well? What needs to be done differently? What project circumstances were not anticipated?*
* *Please indicate the final total amount of grant funds spent and indicate the % of total amount spent to amount awarded. Example: Award = $5,000 Final Funds Spent = $2,500 50% total spent*

## Project Impact and Sustainability:

* *Please indicate how this project is going to continue beyond this grant period.*
* *Please define in qualitative and quantitative terms the impact that this project has had in the Harris Health System.*

## Acknowledgement: *please indicate how the HCHD Foundation Small Grants Fund was acknowledged during this project.*

## Testimonial: *Please include authentic voices, notes from patients/staff reflecting how project services/activities are contributing to their wellbeing.*