**HCHD Foundation**

**Small Grants Progress Report**

**[Project/Department Name]**

**Project Outputs: Activities YTD**

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| --- | --- | --- | --- |
| # of Unduplicated Beneficiaries  | Month | Total Project Monthly Expenses | Type of Services/Activities Delivered and Type of Individuals Engaged/Served (patients/staff) |
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# Project Narrative

# 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:

* *What is working well? What needs to be modified? What project circumstances were not anticipated?*
* *Is the project goals/objectives on target? If not, what changes need to be made to meet the goal?*

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

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