

**MOUNT ZION HEALTH FUND
GRANTEE REPORTING FORM**

PROJECT NAME _____

REPORT DATE _____ GRANT AMOUNT _____ GRANT PERIOD _____

CONTACT PERSON _____ TITLE _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

PLEASE RECAP BRIEFLY THE GOAL(S) OF YOUR PROJECT, INCLUDING TARGET POPULATION.

DISCUSS THE OUTCOME(S) OF YOUR PROJECT, INCLUDING WHETHER YOU MET YOUR GOAL(S) (IF NOT, WHY NOT) AND WHO HAS BENEFITTED.

PLEASE PROVIDE A BREAKDOWN OF GRANT EXPENDITURES AND DESCRIBE ANY SIGNIFICANT VARIANCES AS COMPARED TO THE ORIGINAL GRANT REQUEST.

WHAT, IF ANY, ARE THE NEXT STEPS FOR THE PROJECT? WHAT ARE THE ASSOCIATED FUNDING REQUIREMENTS AND POTENTIAL SOURCES OF FUNDS?