



Health & Wellness
Foundation

Tuscora Park Health and Wellness Foundation

Reporting Information

Organization:

Program Name:

Grant Amount:

Grant Number:

Stipulations:

SIX-MONTH REPORT: An update, by email, is required by **[date]**. This informal email will establish that the program has started and is on track. Please send update to Debby Rolland, Vice President of Community Impact, at drolland@barbertoncf.org . Ten (10) photographs may be submitted with your six month report to Debby Rolland, Vice President of Community Impact, at drolland@barbertoncf.org.

ANNUAL EVALUATION: The Tuscora Park Health and Wellness Foundation requires the submission of one written grant report, which is due on **[date]**. Please use another sheet to answer the following questions.

Statistical Data

1. How many individuals were served?
2. How many units of service were delivered?

Financial Data

1. Submit a financial accounting of all Tuscora Park Grant funds received.

Program Evaluation

1. List activities accomplished during grant period.
2. List the goals and objectives of the program as outlined in the original proposal. Were these met?
3. How have your activities benefited the community?
4. How have you measured the effectiveness of this grant?
5. Has the Foundation been publicly recognized for its support?
6. How have you marketed the program?

Feel free to include any other information that you feel is important for the Foundation to have.