



## *Community Health Improvement Fund Project Performance Report*

St. Luke's requires that all CHI Fund recipients complete this Project Performance Report form. It is intended to help St. Luke's assess its grant making program and become more effective in serving the community. **The report is due by October 1 following the date of your grant check.** If you have not expended the grant by that time, please submit an interim report (using the same format) explaining the circumstances of the delay and a projected completion date. Please note that failure to submit a report by the required deadline may preclude you from consideration for future funding.

Email the completed project performance report to [gronsdma@slhs.org](mailto:gronsdma@slhs.org). In the subject field of the email header, type "CHI-Fund Final Report (Note: emailed reports are preferred, however, in the event of technical difficulties, reports in paper form may be sent to the address listed below).

Marcia Gronsdaahl, Community Relations Coordinator  
Community Health Improvement Fund  
St. Luke's Health System  
305 W. Fort St., Boise, ID 83702

### *Organization Information*

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Report Prepared by \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### *Project Information*

Award Date \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_

Purpose of the Grant \_\_\_\_\_

Grant Type       Cash       In-kind

*You may expand the table as needed to complete your information.*

Project Description: State the goals/objectives of the project/event as described in your original proposal and describe the ways in which the project met, or failed to meet them. If you received funding for event sponsorship, please also describe the outcome of the event, including number of attendees and whether or not you met your targeted goals.

Please report on any significant unanticipated developments and how you responded to them.

Did you collaborate with any other organizations on the project? Please explain.

Will the project continue after the Community Health Improvement funding cycle? If so, how it will be funded?

*You may expand the table as needed to complete your information.*