



SENTARA HEALTH FOUNDATION
Community Recognition Grant Program – Round 20

FINAL REPORT

PERIOD COVERED: JAN – DEC 2011

DUE DATE: Friday, Jan. 13, 2012

ORGANIZATION

Amt. Awarded \$ EIN #

Executive Director Phone #

Email Address Fax Number

Grant Contact Name (if different from Ex. Director)

Grant Contact Email Address Grant Contact Phone #

Org. Address 1 Org. Address 2

City State Zip

Program/Project Name:

Grant Objectives of the program/project included in Executive Summary:

1.

2.

3.

Have there been any changes to your organization's IRS 501c3 not-for-profit status since your request for this grant? Yes or No If yes, please explain:



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PROJECT DATA

Period Covered: JAN-DEC 2011

Organization:

Program/Project:

Measurement:					<i>Number served:</i>
Total number of people served by grant program					<input style="width: 100%;" type="text"/>
Total number of visits/encounters with each client					<input style="width: 100%;" type="text"/>
Total number of new clients					<input style="width: 100%;" type="text"/>
Total number of people served prior year					<input style="width: 100%;" type="text"/>
Encounter data (Must include program/project objectives):					
1. <input style="width: 95%;" type="text"/>					<input style="width: 100%;" type="text"/>
2. <input style="width: 95%;" type="text"/>					<input style="width: 100%;" type="text"/>
3. <input style="width: 95%;" type="text"/>					<input style="width: 100%;" type="text"/>
Health Insurance	Medicare	Medicaid	Private/ Commercial	Uninsured/ self-pay	Unknown/ not captured
<i>Number served</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gender			Male	Female	
<i>Number Served</i>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Age	Under 6	6-17	18-64	65+	Unknown
<i>Number Served</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Encounter Type	Transportation	Medical	Pharmacy	Dental	
<i>Number of encounters</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Income	Below Poverty Level	Above Poverty Level to \$50K	\$50K to \$100K	Above \$100K	Not Available
<i>Number served</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>



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NARRATIVE

Period Covered: JAN-DEC 2011

1. Provide a broad overview of the successes of this program and share how this grant made a difference in your community (2,500 characters max including spaces)

2. Describe how collaborative/cooperative efforts impacted outcomes (2,000 characters maximum including spaces)

3. Did the actual project vary from your initial plans? If so, describe how and why.
(2,000 characters maximum including spaces)

Lessons Learned:

What are the most important lessons learned from this project? List recommendations and describe unanticipated benefits and challenges. (2,500 characters maximum including spaces)

Individual Impact:

Please provide a human interest story that help explain the success of the project.
(2,500 characters maximum including spaces)



PROGRAM SUSTAINABILITY

Explain how this program will continue to be funded beyond the Foundation grant period.

**1. How will you continue to fund this program beyond the grant period?
(1,200 characters maximum including spaces)**

**2. Our program has taken these steps toward financial sustainability.
(1,200 characters maximum including spaces)**

**3. Our program needs to take these steps toward financial sustainability.
(1,200 characters maximum including spaces)**



FINANCIALS:

Use the provided budget form. Enter detailed expenses for the 12 months of the program/project.

MATERIALS RELATED TO FUNDED PROJECT:

Please provide materials relating to the funded project, e.g. press or news items, brochures, letters of support, photographs, etc. in PDF format to foundation@sentara.com. The Sentara Health Foundation reserves the right to use these materials in Foundation publications and public relations activities.

I certify that the information contained in this FINAL REPORT and all attachments are true and correct to the best of my knowledge. I understand that any willful manipulation of information or data will result in immediate discontinuation of funds from the Sentara Health Foundation.

Typed Name, Executive Director

Date