outcome_report_revised.doc

Canton Community Health Fund

Program Outcome Report

Deadline November 30

ORGANIZATION:
ADDRESS:
PHONE:
CONTACT PERSON: **EMAIL:**
PROGRAM/PROJECT OUTCOME: 1. **Activities:** 2. **Population Served:** 3. **Number of Participants/Recipients Served:**
Changes (if any) and Plans for Future of Program: **Do you intend to re-apply for CCHF funding? [ ] YES [ ] NO** **Do you feel that the program has met the objectives outlined in the grant application? (Please explain)**
Financial Report: (Please explain in detail how the CCHF grant funds have been allocated and the amount spent to date.) **Authorized Signature: _____ Date: _____**

Please return to: **Canton Community Health Fund**
PO Box 504
Canton, CT 06019