Summit Endowment

**Healthy People 2030 Priority Grant Level II**

**Interim & Final Report Requirements**

(*For awards greater than $10,000*)

Project Title: Click here to enter text.

Organization: Click here to enter text.

Date: Click here to enter text.

**Provide answers for each of the following questions:**

### Program Design and Activities

1. What were you trying to accomplish through your Summit Endowment grant? Click here to enter text.
2. Describe the activities you conducted. Indicate the type, number, duration, and timing of each of your activities. Click here to enter text.
3. Who were the staff members who ran these activities? Click here to enter text.
4. Who else (organizations, individuals) worked with you to conduct these activities? Click here to enter text.

### Program Outputs, Outcomes & Results

1. What program materials did you develop? **Attach** samples. Click here to enter text.
2. How many people participated in your various activities? Please categorize participants, by activity, if appropriate. Click here to enter text.
3. What was your biggest challenge? Click here to enter text.
4. What will you do differently based upon your experience to date? Click here to enter text.
5. Discuss the results of outcomes measured. What difference did it make to participants?
6. **Attach** your outcome reporting table. Click here to enter text.
7. What publicity did you generate? **Attach** samples. Click here to enter text.
8. What was your biggest success? Click here to enter text.

### Financial Information

1. What funds have you received from other sources to support your program? Include other grants, donations, sponsorships, fundraising, etc. Clearly identify these funds in the “Other Funds Spent YTD” column on your financial report. Click here to enter text.
2. How much of the Summit Endowment grant has been spent to date? Click here to enter text.
3. **Attach** the Summit Endowment Financial Report.

**Reflection of Activities and Future Plans**

1. Describe benefits and constraints of your work with the specific Healthy Franklin County Task Force. Click here to enter text.
2. Within the term of your grant, what percentage of task force meetings have you attended thus far? Please provide meeting dates. Click here to enter text.
3. What advice would you give to someone wishing to undertake similar work? Click here to enter text.
4. What feedback would you like to provide to Summit Endowment? Click here to enter text.
5. How will you continue this program in the future (after your grant period)? Click here to enter text.

***Please submit your report, up to 4 pages in length (excluding attachments) by email to:*** ***aspottswood2@wellspan.org***

**Additional items may be mailed to:**

**Ann Spottswood, Director of Community Services**

**785 5th Ave., Suite 1**

**Chambersburg, PA 17201**