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AHEI GRANT RECIPIENT REPORT FORM

Congratulations on receiving a grant from the Alliance Health Education Initiative. As specified in the application, a post-project report is required of recipients. Please fill out and return this form to the AHEI within two (2) months of completion of your project.

Thank you.

Barbara Savage, AHEI Grant Committee Chair

Contact:

Name:

Phone:

Email:

1. Name of organization receiving the AHEI GRANT:
2. Name of project/program:
3. Brief summary of project/program:
4. Were any changes made in the project from the initial proposal? If so, please describe:
5. Number of participants served by your project:
6. Were goals and objectives met? Unmet? Please explain and include known outcomes:
7. Describe any collaboration and/or volunteer participation:
8. What publicity, marketing, social media, print or newspaper articles were used before/after the event for this program/project. Please include examples. Because we Showcase projects of what has been done, PICTURES AND TESTIMONIALS ARE EXTREMELY IMPORTANT. Please attach photos/testimonials here.
9. Final budget