**FINAL REPORT**

**REST HAVEN CHILDREN’S HEALTH FUND**

**2021 SPECIAL GRANT**

**Insert Agency Name**

**Grant Period September 1, 2021 to August 31, 2022**

**Final Report due October 31, 2022**

**Project Title:**

**Grant Amount:**

**Contact Person and Title for this Report:**

**Phone Number/Email Address:**

Rest Haven Children’s Health Fund views these reports as a valuable learning tool for assessing the overall impact in the community of its grant funding process and requests your honest feedback as to the successes and challenges your agency faced in meeting your goals for this grant.

1. Briefly describe the project and/or request and how grant funds were spent.

2. List specific outcomes and goals that were met through this grant and include quantitative data if applicable. Also include any goals and timelines that were not met.

3**.** Describe how this grant impacted the children it targeted to serve and describe how they or the community are better off as a result. Include any quantitative and qualitative data regarding numbers of children served, etc.

4. Please describe any challenges that your program encountered during the grant period.

5. Did the grant leverage other support (in various forms, not just financial) for your program or organization? Please explain.

6. Provide at least one narrative of how this grant helped one or more of your constituents. We reserve the right to publish certain details of this narrative in our public relations and social medial campaigns, so please change or omit full names to protect their identities as your organization deems appropriate. Photos and short videos about the project or your constituents are encouraged. Your organization will be credited any time we use this material.

7. Provide the account names, tags, handles, etc., for all of your socials so that we can follow and identify your organization.