



INVESTMENT FUND RECIPIENT REPORT FORM

Investment fund recipients are generally required to provide one or more reports on investment outcomes (refer to investment award letter). Please save a copy of this form, complete the information, and **e-mail** it to Nikki Lemmon, Quality Manager at Nikki.lemmon@cohealthcouncil.org. You may use as much space as needed or attach addenda.

Check one: Annual Report _____ Final Report _____

Investment/Project Name:

Date Submitted:

Organization's name:

Name and title of person submitting report:

Phone number and e-mail address of person submitting report:

1. Project Overview

- a. Please describe the **project or program** and primary activities.
- b. Please provide a **summary of results, outcomes, and benefits** of the project or program, including an overall assessment of its success and impact.
- c. Please provide one or two **brief stories or anecdotes** that illustrate how this grant has had a positive impact on someone's life. (Indicate if the Health Council may use in social media and other public mediums/publications.)

- d. Please state whether your project is **complete**, or in **progress**. If in progress, please estimate the percentage complete (i.e. 50% complete, 75% complete, etc.) and estimated completion date.
2. Did you encounter any **problems or challenges** in fulfilling the terms of the grant? If your project is complete, please provide an explanation of how you addressed them, and a statement about what the organization would do differently if given the opportunity to repeat the project or program, including lessons learned. If your project is active, please explain what mid-course corrections you plan to implement to help mitigate those challenges/barriers.
 3. Are there **connections within the community** that the Health Council could have facilitated that would have improved implementation of your program or project? Please specify.
 4. Please share any **cross-system information sharing strategies** used in this work.
 5. The Health Council collects data on participation associated with each investment. Please provide the **number of people who were directly served** by programs and activities supported by this investment. If possible, please breakout numbers by children (ages 17 and under) and adults (18 and over).

Numbers Served:

Age group	Number
17 & under	
18 & over	

8. If this is your **final report**, please include an **updated version of the “Investment Objectives Chart”** that accompanied your award letter. The updated version should include a completed column with “Actual Results” as they relate to “Expected Results.” (Attach this chart separately to your e-mail.)