



Healthy Community Grant Impact Report

Name of your Grant: _____ Grant Number _____

Grant Report Contact/Recipient

Name: _____

Title: _____ Organization: _____

Phone Number: _____ Email: _____

Amount of Funds Received from VGHF: \$ _____

Summary of Grant (200 words or less):

Grant Impact

Summarize the important results of the grant, including relevant facts & figures (300 words max)

What is different because of this grant? What did this grant do for the community/organization?

Were there any unanticipated benefits to your organization/community beyond the original goals or planned activities? Describe.

Describe any next steps or lessons learned that may relate to this grant.

Has this grant created a cost-savings? If so, please explain.

Testimonials

Please include a quote/testimonial from one of the grant recipients explaining the impact of this grant.

Please include a quote/testimonial from an individual whose life has been improved by this grant.

Please attach photos of the recipient and/or individual quoted and any other relevant photos/video/audio files that convey the impact of your project. Please provide signed release forms in order for us to use these materials to showcase your project. (see page 5).

Data

What evidence/data was collected to document the impact of this grant? Please attach any survey results or evaluation reports.

Estimate the number of individuals impacted by this grant.

What anecdotal evidence was collected?

Expenditure Report

Please give a financial breakdown of how grant funds were used.

Recognition

How have you acknowledged the funding provided by Victoria General Hospital Foundation and/or shared the impact of this grant? (news release, brochures, newsletter, flyers, website, social media, email, etc.)? Please attach any relevant documentation and/or include links below.

I hereby state that all of the information provided in this report is true and understand that any falsification of related information may result in future grant applications being declined.

Signature: _____ Print Name: _____

Date: _____

**** FOR ADMINISTRATIVE USE ONLY ****

Final report has been reviewed: _____

Comments:

Signature: _____ Name: _____

Title: _____ Date _____

Victoria General Hospital
Foundation PERMISSION &
RELEASE FORM

I, _____, on my own behalf and/or on behalf of my child/children agree to participate in video/audio taping or photography for Victoria General Hospital Foundation (the "Foundation") to be used by the Foundation for promotional and fundraising purposes.

In consideration for our participation, I consent and agree that any audio or video recordings and/ or photographs of me or my child/children that may be taken, may be used by the Foundation, without the payment of any compensation or remuneration, for the sole purpose of promoting the Foundation's objectives, including use in any promotional or advertising material related to the fundraising activities of the Foundation. It is acknowledged and agreed that recordings may be used in an abridged or edited form.

The Foundation undertakes and agrees that any use by it of the audio or video recordings or photographs of me or my family members shall be done in a respectful and professional manner.

Dated at _____, Manitoba, this _____ day of _____, 20_____.

Signature of Individual/Parent/Legal Guardian: _____

Family Phone Number: _____

Name of Adult: _____

Name of Child(ren): _____

Email: I hereby give VGHF expressed consent to contact me via email Yes No

If yes, email: _____

Full Mailing Address:

Address _____

City _____ Province _____ Postal Code _____

Comments:

