



PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

AED Mini-Grant Program GRANT REPORT FORM

Award Date: _____ Award Amount: \$ _____

Organization/Institution: _____

Contact Person: _____ /e-mail: _____

BRIEFLY DESCRIBE THE PROJECT FUNDED: _____

DESCRIBE EXPECTED vs ACTUAL IMPACT: _____

FUND ACCOUNTING:

Mini-Grant Award: \$ _____

AED Purchase price: \$ _____

Training Expense: \$ _____

Misc. Expenses: \$ _____

Additional comments? _____

_____/_____/_____
Name Signature Date

RETURN TO:

Lynn Pike Hartman

Vice President-Programs

LPHartman@pchf1.org

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7/17/2018