



PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

Capacity Building Mini-Grant Program GRANT REPORT FORM

Award Date: _____ Award Amount: \$ _____

Organization: _____

Briefly describe the project that was funded: _____

Expected outcomes of the program: _____

Actual outcomes of the program: _____

Additional comments? _____

_____/_____/_____
Name Title Date

**IF YOU HAVE DIGITAL PHOTOS OF YOUR
PROJECT/PROGRAM/ACTIVITY FEEL FREE TO E-MAIL THEM TO
*LPHartman@pchf1.org***