



## Grant Project Final Report

Submitted: MM-DD-YYYY

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### **Basic information**

Please verify/provide basic information about the project

<b>Grant Request ID:</b>	20_____
<b>Name of organization:</b>	UMHMF Grantee
<b>Title of project:</b>	Healthy Kansans
<b>Amount of grant:</b>	\$_____
<b>Grant start date:</b>	MM-DD-YYYY
<b>Grant end date:</b>	MM-DD-YYYY

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### **Report preparer information**

<b>Name:</b>	
<b>Title:</b>	Program Coordinator
<b>Address:</b>	100 Main
<b>City, State, Zip:</b>	Ourtown, KS 12345
<b>Phone:</b>	123-456-7890
<b>Fax:</b>	
<b>Email:</b>	email@grantee.org

Note: the above email address is where the automatic confirmation will be sent upon report submission. If left blank, you will not receive an email confirmation message after submitting.

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## **Purpose of Project**

**Describe the overall purpose of the project and its specific goals.**

*Confidential? N/Y*

## **Funding**

**Please respond to the following questions related to project funding:**

- What was the role of the Health Fund grant?
- What other sources of funding developed?
- Were there significant changes in income or expenses compared to budget? If so, please explain the reason for the changes and how they were managed.
- If the project is to continue, how is this being funded?

*Confidential? N/Y*

## **Accomplishments**

**Describe how the project functioned, how it served the overall purpose, and the specific goals accomplished.**

*Confidential? N/Y*

## **Cost-Effectiveness**

**How was cost-effectiveness measured and what is your conclusion of the cost-effectiveness of the project?** [Note: Cost-effectiveness refers to the cost per unit of service and may be compared to other interventions providing similar results or, in some cases, may consider the actual costs of more intense interventions avoided.]

*Confidential? N/Y*

## **Secondary Benefits**

**Were secondary benefits realized, such as long-term sustainability, evaluation of a model for use by others, development of materials, etc.?**

*Confidential? N/Y*

## **Contributions to Improvement of a Health Issue**

**How has this project contributed to the improvement of a health issue (oral health, access to care, mental health, healthy lifestyles, other) in Kansas?**

*Confidential? N/Y*

## **Problems and Challenges**

**Describe any significant problems encountered throughout the entire grant and how these were managed. Offer suggestions for how similar problems could be avoided. (This section is confidential by default - if this section may be made public, please indicate by checking the box below the narrative field).**

*Shareable? N/Y*

## **Future**

**What is the future of this project or program? What changes are expected now that the Health Fund grant is concluded? (This section is confidential by default - if this section may be made public, please indicate by checking the box below the narrative field).**

*Shareable? N/Y*

## **Attachments**

**If you have photos and/or stories that illustrate the work of this grant which could be used for a public report on the grant, please email these to [healthfund@healthfund.org](mailto:healthfund@healthfund.org).**

## Budget Details

Project Income Sources:								
	Year 1		Year 2		Year 3		All years total	
Income Source:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Health Fund Grant	\$	\$	\$	\$	\$	\$	\$	\$
<b>Totals: (all sources)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$</b>

### Income Item Variance Explanations (if applicable):

#1:

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Project Expenses:								
	Year 1		Year 2		Year 3		All years total	
Expense Item:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Expense	\$	\$	\$	\$	\$	\$	\$	\$
<b>Totals: (all sources)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Expense Item Variance Explanations (if applicable):

#1:

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## Budget - Balances

*Note: these balances are calculated based on income and expense lines to help you check for potential errors.*

**Balances:      Year 1 Actual: \$              Year 2 Actual: \$              Year 3 Actual: \$**

**Total surplus or deficit (-) all years: \$**

**Remaining funds:** If any funds from the grant remain unspent at the end of the grant, you may propose how funds could be used to continue the purposes of the grant here:

### **Plan for use of any remaining grant funds:**

After review of this report, staff will respond to your request. **If you do not have a proposal for use of the funds, you may mail a check for the remaining amount made out to the United Methodist Health Ministry Fund at PO Box 1384, Hutchinson, KS 67504-1384.**

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