

SCMSA HEALTH GRANT END OF YEAR REPORT 2016

Grant Title:

Organization:

Email:

Address:

Phone:

Contact Person:

Brief Summary of Grant Project:

SCMSA Grant Sponsor:

Email:

Address:

Phone:

Role:

Volunteer Name and Duties (Identify any SCMSA members)

List in-kind (non cash) contributions from SCMSA members:

Grant Project Goals:

Results:

Grant Project Expenditures: (Submit Receipts, Financial Statements)

Recognition of SCMSA's contribution (funds and/or volunteers):

Recommendations/ Comments:

Submitted by:

Date:

(Send to Amy Gelber, 1605 Scarlett Place, Springfield, IL 62704 by April 15, 2017 in order to be considered for next year's grants)