



Osceola Community Health Foundation, Inc.

2600 65th Avenue – PO Box 218

Osceola, WI 54020

FINAL REPORT

Please complete this report and return it to the Osceola Community Health Foundation within 60 days of the completion of your project. Further requests for funding will not be considered until this report is received. An electronic version of this form is available at www.MyOCHF.org. Direct any questions to Sue Gerlach at 715-294-5789 or sue.gerlach@MyOMC.com.

Date Grant Awarded: _____ Grant Amount: _____

Organization Information

Name of organization

Legal name, if different

Address

Employer Identification Number (EIN)

Phone#

Fax #

web site

Name of contact person regarding this application:

Title

Phone #

e-mail

Project Name/Title

Report Checklist

Narrative (less than 2 pages in length) should include:

- Brief description/summary of your project
- Description of any modifications to your original proposal and your reasons for changes
- Description of the project's impact on community using numbers and demographics such as gender, age, ethnicity, geographic location etc.)
- Description of any unanticipated results, either positive or negative

Financials:

- Attach an income and expense statement for the grant period. Include your original budget.
- Include a list of additional funders and amounts received for this project.