Verdant Health Commission

Covid19 Project ReportA picture containing text

Description automatically generated

|  |  |
| --- | --- |
| Organization Name: |  |
| Name of Project and Program: |  |
| Date of Project: |  |
| Name of Contact Person: |  |
| Contact Person E-mail: |  |
| Contact Person Phone: |  |
| Report Date: |  |

# Instructions:

Please complete this report and email it to [info@verdanthealth.org](mailto:info@verdanthealth.org)

You may contact Verdant at (425) 582-8600 with questions.

## What have been your program/ project accomplishments?

|  |  |
| --- | --- |
|  |  |

## Please describe any changes to the program/ project services or budget that differ from your proposal:

|  |  |
| --- | --- |
|  |  |

## Please describe if you need to altar, pivot, or adjust your service or delivery method as a result of the changing circumstances of the pandemic:

|  |  |
| --- | --- |
|  |  |

## Did this program/ project identify an ongoing need as a result of the pandemic that will not be supported when this emergency funding grant ends? Please describe.

|  |  |  |
| --- | --- | --- |
|  |  |  |

## Is there anything else you would like to add or want us to know about your program/ project?

|  |  |  |
| --- | --- | --- |
|  |  |  |

## Project Budget:

Please include total project budget below and indicate what additional funding or in-kind support has already been secured and what you are seeking Verdant to fund. Feel free to paste in your own budget format, an example is provided below.

*Example:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses:** | **Items** | **Verdant Request** | **Total Budget** |
| Personnel Expenses: |  |  |  |
| Direct Project Expenses |  |  |  |
| Administrative Expenses |  |  |  |
| Subcontractual Expenses |  |  |  |
| Other Expenses |  |  |  |
| **Total Project Expenses:** | $ | | |
| **Budget Surplus/ Deficit** | $ | | |
|  |  | | |
| **Revenue:** | **Results for Grant Period** | | |
| Other Source of Revenue (Specify) | $ | | |
| Other Source of Revenue (Specify) | $ | | |
| Other Source of Revenue (Specify) | $ | | |
| Other Source of Revenue (Specify) | $ | | |
| In Kind Support Revenue (Specify) | $ | | |
| Misc. Revenue (Specify) | $ | | |
| **Total Verdant Request** | $ | | |
| **Total Revenue:** | $ | | |

## Outcomes (*report of tracked outcomes to measure success*):

|  |  |  |
| --- | --- | --- |
| **Metric** | **Goal** | **Actual** |
| Number of People Served: |  |  |
| Outcome 1 (Specify): |  |  |
| Outcome 2 (Specify): |  |  |
| Outcome 3 (Specify): |  |  |
| Outcome 4 (Specify): |  |  |
| Outcome 5 (Specify): |  |  |
| Outcome 6 (Specify) |  |  |