



Community Benefit Funding Evaluation

Fiscal Year July 1, 2023—June 30, 2024

NOTICE: This form must be completed for further funding to be considered.

Evaluation Date: Select a date here.

Funding Request: Type a dollar-amount here.

Organization: Type the organization title here.

Address: Type the organization address here.

Contact: Type the organization contact name here.

Phone: Type the organization contact ten-digit phone number here.

E-Mail: Type the organization contact e-mail address here.

* Responses may be completed separately and attached to this application document.

Program/Project: Type the program/project title here.

*Explain the overall goal of the program/project pertaining to the CHI Memorial funding request:

Type an explanation here or attach an explanation to this application.

Select a CHI Memorial Funding Priority item for the program/project (view Guidelines):

- Access to Affordable Health Care and Insurance Mental/Behavioral Health Affordable/Healthy Housing
 Substance Use Disorder Prevention and Education Violence Obesity Food Insecurity Chronic diseases

*List all outcomes and metrics that measured the success of the program/project (with the actual result):

EXAMPLE: Outcome: present awareness materials to 500 people Result: 10 presentations for 550 total people

Outcome: Type the outcome/metric title here.

Result: Type the outcome/metric result here.

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*Who was actually served and how many were actually served by this program/project?

Describe the target population and the volume of the target population here, or attach a description to this application.

*Compile an organizational assessment of the program/project by responding to the following inquiries:

In the opinion of the organization, did the program/project accomplish its overall goal? If yes, then how? If no, then why?

If any, then what learned-lessons or useful feedback did the organization acquire from beneficiaries of the program/project?

If any, then what other community health needs were realized by the organization in administering the program/project?

Type a compilation here or attach a compilation to this application.

FOR INTERNAL USE ONLY: Evaluation Reviewed by Committee

APPLICATION ID: Type ID here.