

**OZARKS HEALTH ADVOCACY FOUNDATION
GRANT RECIPIENT'S PROGRESS REPORT
GRANT ROUND _____**

Organization: _____

Project Sub-title: (if applicable) _____

Address: _____ **Phone:** _____

Executive Director: _____ **Contact for this grant:** _____

Amount of grant: _____ **Grant amount used to date:** _____

On a separate sheet, please answer the following questions. Use no more than two pages for the narrative and complete the Budget Reporting Page making a total of three pages.

1. What was the purpose of the original request and what were the intended objectives?
2. Who was/are the beneficiaries of this project? Please include the number of clients served.
3. Did the grant accomplish the objectives described in #1? How did you reach these conclusions?
4. Could the same results have been produced more effectively with less money?
5. Is this an ongoing program? If so, please identify future sources of funding.
6. If other funds have not been identified, please indicate the reasons.
7. Discuss the lessons learned from this project.
8. Outline the publicity received for this grant.

Please return this report by September 5, 2008, to:

**Kelley Brockman, CTFA
Springfield Trust Company
1906 E. Battlefield Road
Springfield, MO 65804**

Contact for questions:

**Kelley Brockman, CTFA
417-883-3838
kbrockman@springfieldtrust.com**