

Note: Upon completion of this form, please print and send or deliver to the BRHC Foundation Office.

Blue Ridge HealthCare Foundation

Project Report

All funded projects are required to complete the following report and turn it in to Brandi Behlke at the Blue Ridge HealthCare Foundation. Reports may be sent via interoffice mail, US Postal Service or emailed to Brandi.Behlke@BlueRidgeHealth.org

Section One: Contact Information

Department: _____

Project Director: _____

Title: _____

Section Two: Project Report

Project Title: _____

Project Summary: In the space below, please provide a brief description of the proposed project. This section should include project goals, objectives, proposed activities, and projected measurable outcomes. Please limit your response to 1000 words.

Project Outcomes: In the section below, please describe the measureable outcomes of your project. Be sure to include any barriers your encountered that may have hindered your original plans and/or progress. Please limit your response to 500 words.

Section Three: Actual Expenses

Line Item	Quantity	Unit Cost	Total Cost
		Total Project Cost	

FOR BLUE RIDGE HEALTHCARE FOUNDATION USE ONLY

Date Received: _____

Foundation Signature: _____

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