

LOS MEDANOS COMMUNITY HEALTHCARE DISTRICT  
HEALTH SERVICE GRANTS – 2009 GRANTS CYCLE

FINAL REPORT

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Persons: \_\_\_\_\_

\_\_\_\_\_

**Program Description and Population Served:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of Grant by LMCHD:** \_\_\_\_\_

**Final budget and expense report. Please indicate expected disposition of any unspent funds.**

**Starting Point** \$ \_\_\_\_\_

**Expenses:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(If necessary, attach second page)

**Remaining Budget (unspent funds):** \$ \_\_\_\_\_

**Project Goals and Outcomes to**

**Date:** \_\_\_\_\_

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**Community Partners/Additional Support:**

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**How has LMCHD been acknowledged in the use of grant funds?**

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**Additional Comments:**

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