



Creating a healthier Marin together.

Community Health Grant Report

6 Month 12 Month

ORGANIZATION INFORMATION

Name: _____

Website: _____

PROJECT CONTACT

Name: _____

Phone: _____ Fax: _____

Email: _____

Relationship/Position to Organization: _____

PROJECT INFORMATION

Project Title: _____

Start Date: _____ End Date: _____

Project Status: _____

Budget Update (including MHD funds): _____

Number of people reached/served to date: _____

Objective/Goals (From Application)	Status
1	1
2	2
3	3
4	4
5	5

SUBMISSIONS/QUESTIONS

Please contact Jamie Maites to submit your completed application or for any questions.

P: 415-925-7424 | F: 415-461-1226 | jamiemaites@marinhealthcare.org