**Greater Lowell Health Alliance of CHNA 10**

**2022/2023 Community Health Initiatives Grant**

**Mid-Project Report**

(Due 6 months – March 2023)

**Agency Name:**

**Project Title**:

**Project Contact Name and Title:**

1. What types of project activities have been completed to date? Please only include activities *directly related to the project funded by this grant*; do not include general activities performed by your organization at large.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Securing partnerships or coalition building |  | Community outreach (e.g. recruiting program participants, tabling) |
|  | Workshops, trainings, or presentations for the community |  | Resources and supplies distributed to the community (e.g. stipends, food) |
|  | Professional development training for staff |  | Resources and supplies purchased for implementation (e.g. tablets for staff, software) |
|  | Policy/advocacy work |  | Evaluation, data collection, and/or analysis |
|  | Educational materials developed or distributed |  | Direct services or care (e.g. a counselor meeting with clients, home visits, etc). |
|  | Social media/communications activities |  | Other (specify): |

1. What types of project activities are upcoming before September 30, 2023?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Securing partnerships or coalition building |  | Community outreach (e.g. recruiting program participants, tabling) |
|  | Workshops, trainings, or presentations for the community |  | Resources and supplies distributed to the community (e.g. stipends, food) |
|  | Professional development training for staff |  | Resources and supplies purchased for implementation (e.g. tablets for staff, software) |
|  | Policy/advocacy work |  | Evaluation, data collection, and/or analysis |
|  | Educational materials developed or distributed |  | Direct services or care (e.g. a counselor meeting with clients, home visits, etc). |
|  | Social media/communications activities |  | Other (specify): |

1. These are some metrics that indicate program impact. We understand that there are many ways your project generates impact, so we know these are not exhaustive and might not capture the full impact of your program. Please report on the metrics that you are able to below.

|  |  |  |
| --- | --- | --- |
| Metric | Example | Your Response |
| Number of workshops or educational sessions | *Number of cooking classes held: 3* |  |
| Total hours of programming | *3 cooking classes held at 2 hours each: 6 hours* |  |
| Number of community members directly impacted | *12 unique participants in each of 3 cooking classes: 36*  ***OR***  *12 repeat participants in each of 3 cooking classes: 12* |  |
| Amount or value of tangible resources distributed | *2lbs of food given to each participant at each cooking class to take home: 72 lbs of food*  ***OR***  *1 bag of food given to each participant at each cooking class to take home: 36 bags of food*  ***OR***  *$25 worth of food given to each participant at each cooking class to take home: $900 worth of food* |  |
| Any additional metrics you would like to report |  |  |

1. Please describe your project progress as of the date of reporting. Be sure to highlight how program connected to Greater Lowell Health Alliance’s priorities, mission and vision (1 paragraph)
2. Does your project utilize an evidence-based framework, curriculum, or other implementation resources? If so, please list or provide them below (bulleted list)
3. Please include *as an attachment* copies/links of any media highlighting this project (i.e. an article in a newspaper or newsletter), published academic articles (i.e. an article published in a research journal), and/or outreach materials developed to support or advertise this project (i.e. flyers, project logos, brochures, social media posts, etc.)

REMINDERS:

1. All published/printed information funded by the grant must give credit to the GLHA of CHNA 10 and a copy of all such materials shall be submitted to us for our records.

2. Any changes from your originally submitted proposal must be submitted in writing for approval by the GLHA.

3. Project objectives must be met by September 30, 2023, including expending all project funds. If you need to make changes to your budget or timeline, they must be approved. Please contact us immediately.

**Please send Complete Evaluation to:**

Greater Lowell Health Alliance of CHNA 10

c/o Amanda Clermont, Director of Community Engagement & Education

295 Varnum Ave., Lowell, MA 01854

EMAIL: [amanda.clermont@greaterlowellhealthalliance.org](mailto:amanda.clermont@greaterlowellhealthalliance.org)