



Community Hospital
of the Monterey Peninsula
Montage Health

Community Benefit Program Grant Outcome Report

Instructions

Community Hospital requires a brief outcome report **for grants of all amounts**. Please use this form to summarize how the grant funds impacted the intended project or program beneficiaries; the strategy for utilizing the grant; and activities made possible by the funds. Please also attach any supporting documents that demonstrate the grant's impact (e.g., outcome metrics, beneficiary testimonials, success stories, etc.).

If your grant was for general support of your organization or for a specific program, please complete this report within 12 months of the grant payment. If your grant was awarded to support a specific event, please complete this report within three months following the event.

Please direct any questions and submit completed reports to grants@montagehealth.org.

Name of organization

Grant amount and date

Grant overview

Please summarize the purpose of the grant and the strategy for utilizing the funds.



Community Hospital
of the Monterey Peninsula
Montage Health

Outcome overview

Please describe how the funds were applied and the impact that the grant had on program beneficiaries. Please include any relevant supporting documents.