



Community Partnership Report

Organization Project or Program Title

Award # Date of award Amount awarded

CEO/Executive Director Title

Phone number Email

Signature of CEO/Executive Director Date

Report Contact Title

Phone number Email

1. Describe the outcomes you achieved as a result of Providence’s investment. (maximum 150 words)

2. How did this project or program impact the [Community Health Need\(s\)](#) which you identified in your application? (maximum 150 words)

3. Please provide a few stories highlighting the impact of your work through these funds. (maximum 500 words).

Please note: Any funds awarded have been considered a GIFT. Funds are not at risk of being returned to Providence based upon the information included in this report.

If you have any questions or need additional information surrounding this report, call (907) 212-2837.

Email completed report to:
foundation@providence.org