

# CHF Final Grant Report 2025-26

Deadline: July 31, 2026 at 11:59 PM EDT(Midnight)

## Final Grant Report

### Instructions

Please answer the questions regarding your grant-funded activities between 7/1/2025-6/30/2026. If a question does not apply to your funded program, enter "N/A." Please submit your report no later than July 31, 2026, at 11:59pm.

If you have questions, contact Faith Bosland at [atfbosland@mercy.com](mailto:atfbosland@mercy.com) or 937-523-7007. We appreciate your time and effort to share these results with us.

## General and Contact Information

Name of the person completing this report: \*

Organization: \*

Email address: \*

Phone Number of Contact Person: \*

Have there been significant changes to your Board or Staff during the past year (beyond regular board member changes)? \*

- ☐ No  
☐ Yes

If yes, describe changes.

Have there been other significant changes to your organization during the past year? \*

- ☐ No  
☐ Yes

If yes, describe changes.

## Program Information

What is the name of your CHF-funded program? \*

How many Clark or Champaign County residents were served by this program between 7/1/2025-6/30/2026? (Provide an unduplicated count.) \*

Did the program activities, goals, or outcomes change significantly from what was outlined in your 2025-26 Responsive Grant Application? \*

- ☐ No  
☐ Yes

If yes, describe changes to the program.

Max Number of Words: 200

What were the key measurable outcomes of your project or program from 7/1/2025-6/30/2026? \*

Refer to your Responsive Grant application for projected outcomes of your project or program.

Describe any unanticipated outcomes, benefits, or challenges you encountered with the program or project this year. Will you make any adjustments to the program or project based on what you learned or observed? \*

What are the future plans for this program? \*

- ☐ Program has been eliminated.
- ☐ Program has come to a successful conclusion.
- ☐ Program to be continued.
- ☐ Other

Share an experience or story related to your funded program. CHF may share grantee stories and photos with the public when it is appropriate. \*

Max Number of Words: 250

What was the total revenue (income) dedicated to this program during the funding year? \*

\$

What was the total expense incurred by the program during the funding period? \*

\$

If the program generated a profit or loss, explain how excess funds will be used, or how a loss was covered.

## Attachments

Attach a photo of your program that CHF may share in publications or presentations (*.JPG, .JPEG, .PNG, or .JFIF formats preferred*). If photos of participants cannot be shared due to confidentiality, alternatives could include a photo of your location, staff members, supplies you distribute, a non-identifying photo (not including a person's face), or other creative ideas. We appreciate your help to share about your work visually.

If you'd like to share more than one photo, you can email additional photos to [fbosland@mercy.com](mailto:fbosland@mercy.com). \*

Select File  No file selected

*Maximum File Size: 5MB , Accepted file types: .jpg, .jpeg, .png, .jif*

*No file attached*

Attach example of publication that included CHF acknowledgement, such as newsletter, flyer, article, etc.

Select File

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*Maximum File Size: 5MB*

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