**Grant Report**

Final grant reports are due within one (1) year of receiving grant funds. To submit this report, please email it to overlookgrants@atlantichealth.org.

1. Name of organization:
2. Name of funded program/project and date funding received:
3. What were the objectives of the project and were they accomplished?
	* 1. Please explain any discrepancies and/or obstacles in achieving the objectives.

* + 1. What metrics did you use to measure success?

* + 1. Provide a brief budget summary.

1. What was the total number of people served by the program?
2. The primary service area for Overlook Medical Center includes:
	* + 1. Union County (all municipalities)
			2. Essex County (Maplewood; Millburn/Short Hills; Newark; Irvington; West Orange)
			3. Somerset County (Warren; Watchung; Basking Ridge)
			4. Middlesex County (Dunellen; Piscataway)
			5. Hudson County (Bayonne)
			6. Morris County (Chatham; Morristown)
			7. Other bordering towns on a case-by-case basis

Please describe how the program/project impacted the primary service area for Overlook Medical Center.

1. Will you continue the project in the future? If so, describe your plan for the program to be

self-sustaining.

1. In a few sentences, please describe how one or more individuals benefited because of this Overlook Foundation grant. It should be an anecdotal account showing progress or growth. If you are submitting photos, please ensure written permission has been received for the Overlook Foundation to use them.

Do we have your permission to use this information and/or pictures? Yes [ ]  No [ ]

**Person submitting this progress report**

Name:       Title:       Date:

Address: (if different from the organization)

Phone:       Email:

**In submitting this progress report, I certify that the information I have provided is accurate and complete to the best of my knowledge and that I have full authorization to submit this report of behalf of the organization.**