



## FINAL EVALUATION REPORT

It has been our pleasure to serve you through this grant. Please review the original project proposal, previous reports you may have submitted, and the data you collected. Please complete this report, addressing the questions and statements below. We hope this final evaluation will help you reflect on the project and its effectiveness.

**Please return this report to:**

**Adventist Health System**  
Medical Mission Department  
111 North Orlando Avenue  
Winter Park, FL 32789  
Phone: 407-975-1544  
Fax: 407-975-1515  
Email: [ted.hamilton@ahss.org](mailto:ted.hamilton@ahss.org)  
Email: [janet.griffin@ahss.org](mailto:janet.griffin@ahss.org)

1. Provide the following information:

Name of Project:

Location:

Starting/Ending Dates of the Adventist Health System's grant

Sponsoring Organization: **(include name, address, phone, fax, E-mail and web address)**

Contact Person: **(include name, address, phone, fax, E-mail)**

This report prepared by:

Date of this report:

\*\*\*If there were any changes to the initial project, please highlight the changes.

2. Please give an honest assessment of the degree to which this project was successful in fulfilling its intended purpose and mission.
3. List each of the goals and objectives for your project, and, beneath each goal and objective, state the degree to which it has been accomplished. Highlight the factors that contributed to accomplishing, exceeding, or not accomplishing your original goals and objectives.
4. What major obstacles or problems did you encounter?
5. What new ideas for improving this project or ideas for other projects surfaced as you learned from this project?
6. Please relate any opportunities you had since this project began to share information about your project with other congregations, organizations, or agencies.
7. Share the story of at least one individual who has been directly impacted through this project (preferably a story other than what you have submitted with other reports to Adventist Health System). You may use initials rather than the person's name to respect his/her privacy. How has the project made a difference in the life of this person?
8. Please comment on your partnership with Adventist Health System during the course of this grant. How were you helped through this partnership? How could Adventist Health System have more effectively served you?
9. Please include the following items in your report:

Pictures, articles, etc., which will help tell the story of the project.

Samples of how you have informed your community and intended beneficiaries about Adventist Health System's involvement in this project.