



PROJECT UPDATE

Please complete this form with the information requested below and return 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
Email: janet.griffin@ahss.org

Name of Project:

Location:

Starting/Ending Dates of the Adventist FACES grant:

Sponsoring Organization (**Please 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:

Note any significant changes in objectives, procedures, or personnel since the last report.

Note any difficulties which are limiting your ability to achieve the goals and objectives of the project.

Do you have any need for assistance from the staff of Adventist FACES at this time?

Adventist FACES Progress Report

This report is intended to provide a periodic update of the progress of programs that are recipients of Adventist FACES funding. Responses should be concise and to the point. The entire report should require no more than one to two typewritten pages.

1. List the most significant accomplishments and/or goals achieved during the most recent reporting period.
2. List established and/or emerging community partnerships related to your initiative.
3. List participation and support of volunteer health professionals for your initiative.
4. List your primary goals and plans for the upcoming quarter.
5. Relate one or more of the best stories or examples that demonstrate the acceptance, progress, and success of your program.
6. Include photos of activities, brochures, or other materials you have developed to promote and support your program.