



Norwood Hospital Community Investment and Sponsorship Reporting Form

Name of Organization: _____

Project/Event Name: _____

Fund Amount Issued: _____

Period Covered by Report: _____

1. List the major objectives / outcomes of the project or event. Please be as specific as possible.

2. Did your project or event impact any of the following populations?

- Residents of color
- Aging population
- Low-income residents
- Youth
- Disabled residents
- Other: _____
- Residents who speak a primary language other than English
- LGBTQ community

3. Please provide a narrative about how this project and its outcomes contributed to improving Norwood Hospital’s Community Health Priority Areas?

Evaluation

Using the guide below please score your project/event on the following topics:

- 1 We didn’t do well
- 2 We did somewhat well
- 3 Neutral
- 4 We did very well
- 5 We met or exceeded our goal

	Score	Description
We met the goals of our project/event		
We involved the community members that were expected to be impacted by this activity		
We impacted Norwood Hospital’s Community Health Priority Areas		

Marketing and Communications

1. Provide copies of any media coverage or communication products developed during this period.

Contact Information (director or person preparing report)

Name:

Title:

Email and phone:

Address of organization’s primary location: