



**Greater Lowell Health Alliance of CHNA 10
2014 Substance Use and Prevention Grant
Mid-Project Report**

Name of Agency: _____

Name of Project or Initiative: _____

Person completing this form: _____

Type of Program Being Conducted: _____

Curriculum/Resources Being Used: _____

Date(s) of Program Past and/or Future: _____

Length of Program (total hours): _____

Attach a brief description of program progress as of the date of reporting (highlight how program connected to Greater Lowell Health Alliance's priorities, mission and vision). Please include copies of any media highlighting the proposed program above, educational articles, and outreach materials designed to ensure successful event.

REMINDERS:

1. All published/printed information funded by the grant must give credit to the GLHA of CHNA 10 and a copy of all such materials shall be submitted to us for our records.
2. Any changes from your originally submitted proposal must be submitted in writing for approval by the GLHA.

Please send Complete Evaluation to:

Greater Lowell Health Alliance of CHNA 10
c/o Kerrie D'Entremont, Executive Director
One Hospital Drive, Lowell, MA 01852
EMAIL: kdentremont@greaterlowellhealthalliance.org
FAX: 978-934-8521



**Greater Lowell Health Alliance of CHNA 10
2014 Substance Use and Prevention Grant
FINAL EVALUATION
(Please fill out after completion of the project)**

Name of Agency: _____

Name of Project or Initiative: _____

Person completing this form: _____

- 1. Number of people and communities impacted?**

- 2. Were you able to reach your target population? Describe how you were able to do so.**

- 3. Describe collaborative efforts. List agencies you worked with.**

- 4. Did funded program affect the following and if so, please describe.**
 - a. Policy change?**
 - b. Implementation of new programs?**
 - c. Acquisition of permanent resources?**
 - d. Long term impact?**

- 5. Recommendations for future efforts?**

Please send complete evaluation to:
Greater Lowell Health Alliance of CHNA 10
c/o Kerrie D'Entremont, Executive Director
One Hospital Drive, Lowell, MA 01852
EMAIL: kdentremont@greaterlowellhealthalliance.org
FAX: 978-934-8521