**Northeastern Vermont Regional Hospital**

**Community Health Fund**

**After Action Report**

**Due October 31, 2026**

**Grantee Information:**

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **Name of Project:** |  |
| **Award Amount:** |  |
| **Physical/Mailing Address:** |  |
| **Contact Name:** |  |
| **Job Title/Role:** |  |
| **Email:** |  |
| **Phone:** |  |

**Project Report:**

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| --- |
| **Target population** |
|  |
| **What were your intended results?** |
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| **What were your actual results? What impact has the project had on the community?** |
|  |
| **What contributed to your results?** |
|  |
| **What were the highlights of the project?** |
|  |
| **What are your next steps?** |
|  |
| **Please share any other information you feel may be pertinent:** |
|  |

**Please attach any photos, copies of media coverage, or other documents that help to tell the story.**

Please email completed After Action Reports to Diana Gibbs, VP Community Health Improvement, at d.gibbs@nvrh.org by October 31, 2026.