



Choosing Health

**Northeastern Vermont
Regional Hospital**

**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:

Target population
What were your intended results?
What were your actual results? What impact has the project had on the community?
What contributed to your results?



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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.