Midwest City Memorial Hospital Authority
100 North Midwest Boulevard,
Midwest City, Oklahoma 73110
(405) 739-1201
tlyon@midwestcityok.org
www.midwestcityok.org

Community Improvement Grant Program

FISCAL YEAR 2024-25 GRANT OUTCOME REPORT

Date: _____

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Grant Project Title: _____

Grant Money Awarded: $_____Date of any extensions: _____

Please respond **reflectively** to the following questions related to your grant project:

- Has the project objectives as described in your application been achieved (If no, please explain)? Yes No

_____
_____

- Briefly describe the outcomes/accomplishments of this grant project. _____

_____
_____
_____

- Please report any observations, unexpected outcomes or anecdotal information that resulted from the grant project (e.g. news coverage, community event, photos, etc.). _____

_____
_____

- Please provide feedback regarding your overall grant process experience (e.g. working with Hospital Authority staff/application submission process, etc.) _____

_____
_____
_____

_____ _____

Grant Recipient Signature Grant Recipient Name (Printed/Typed)