# West Michigan Dental Foundation - Outcome Report

Please type in the answer to the questions in the line immediately beneath the question. You have unlimited space to answer questions. This form must be completed prior to applying for another grant. If the project is in process you must submit an interim outcome report. Submission of this form serves as a release and allows the West Michigan Dental Foundation to use names, quotes, and photos in reporting of the project.

This form may be e-mailed to: efwmdds@aol.com
Or print the completed form and mail to:
West Michigan Dental Foundation
5355 Northland Drive NE Suite C Box 142
Grand Rapids MI 49525

1.Organization:

2. Contact Person:

3. Phone:

4. Project Name:

5. Please state the objectives of the project and if the project met the objectives.

6. What was the time and area of the project and was it completed within that time?

7. How did you measure the results of the project?

8. How many people were served by the project?

9. What was the dollar amount per person served?

10. Did the cost exceed the projected costs? If yes, please explain.

11. If possible, especially when the project involves treatment of patients, please include a usual and customary fee for service so that a total dollar amount of donated dental services can accurately be recorded. The number of people served and the dental services provided might be published in aggregate to increase public awareness of dental philanthropy.

12. Is there any additional information that makes your project unique or noteworthy? Please include photos, names, and quotes of those involved.

13. What is the future plan of the project?

14. Are you planning to request additional funds from the WMDF or any other source?