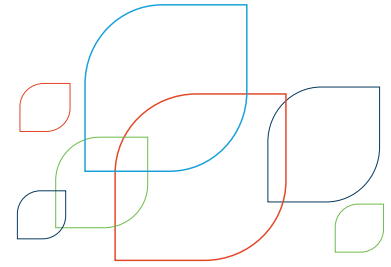


Community Health Improvement Services



**Programs that address a community health need
AND meet a community benefit objective**

Event or program title: _____

Please select one category:

- Community Health Education (A1)
- Community-based Clinical Services (A2)
- Healthcare Support Services (A3)
- Social and Environmental Activities (A4)

Date: ____ / ____ / ____

Department: _____ Primary Service area zip code: _____

This event or program is targeted for: *(select one)*

- People living in poverty
- Broader community

Number of persons served: _____

Expenses: *(Enter hours in whole numbers.)*

Hours:

Staff _____
Volunteer _____
Other _____

Staff hours: *Enter total hours by level (directors, managers, staff, nursing). If not known, enter total for department.*

Department _____
Directors _____
Managers _____
Staff _____
Nursing _____

Continue on back...

Our Mission:
Living God's love by inspiring health, wholeness and hope.



Other expenses: *(Enter dollars in whole numbers.)* _____

Purchased services \$ _____ *(include food purchased)*
Supplies \$ _____
Other direct expenses \$ _____ *(include mileage if reimbursed)*

Offsets: *(Dollar amounts entered here will offset any expenses.)*

Fees charged \$ _____ *(total)*
Restricted contributions \$ _____ *(co-sponsorships contributions)*
Restricted grants \$ _____
Other \$ _____

Notes: VERY IMPORTANT!

(Describe what the program is. You may attach a flyer, brochure, excel workbook or any other back-up information.)

Select priority areas: *(choose all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Access to care | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Healthy beginnings | <input type="checkbox"/> Childhood obesity |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Economic development / poverty |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Respiratory illness | <input type="checkbox"/> Cardiovascular health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Health literacy and education |

Contact information:

Your name: _____
Email: _____
Phone: _____

Thank you for reporting your community benefit activities.

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Living God's love by inspiring health, wholeness and hope.

