



Grant Impact Report

Name of your Grant: _____

Grant Report Contact/Recipient

Name: _____

Title: _____ Department: _____

Phone Number: _____ Email: _____

Amount of Funds Received from JPCHF: \$ _____

Summary of Grant (200 words or less):

Grant Impact

Summarize the important results of the grant, including relevant facts & figures (300 words max)

What is different because of this grant? What did this grant do for the community/patient/organization?

\What was the impact for patients/families/your department/community?

Were there any unanticipated benefits to your organization/patient beyond the original goals or planned activities? Describe.

Describe any next steps that may relate to this grant.

Has this grant created a cost-savings? If so, please explain.

Testimonials

Please include a quote from one of the grant recipients explaining the impact of this grant.

Please include a quote/testimonial from a patient/recipient whose life has been improved by this grant.

If possible, please attach a photo of the patient/recipient with a signed JPCHF release form (see page. 5)

Data

What evidence/data was collected to document the impact of this grant?

Please help us categorize your project in the following demographic areas:

Provincial

Saskatoon & Surrounding Area

Regina & Surrounding Area

Prince Albert

Northern Communities

National

Estimate the number of patients impacted by this grant.

What anecdotal evidence was collected?

Promotion

Please attach photos that convey the impact of your project (up to 5). Please provide signed release forms in order for us to use these materials to showcase your project.

Has the impact of this grant been shared elsewhere in your community (media release, news item, brochures, newsletter, flyers, etc)? Please attach any relevant documentation.

I hereby state that all of the information provided in this report is true and understand that any falsification of related information may result in future grant applications being declined.

Signature: _____ Name: _____

Title: _____ Date: _____

**** FOR ADMINISTRATIVE USE ONLY ****

Final report has been reviewed: _____

Comments:

Signature: _____ Name: _____

Title: _____ Date _____

Jim Pattison Children's Hospital Foundation
PERMISSION & RELEASE FORM

I, _____, on my own behalf and/or on behalf of my child/children agree to participate in video/audio taping or photography for Jim Pattison Children's Hospital Foundation (the "Foundation") to be used by the Foundation for promotional and fundraising purposes.

In consideration for our participation, I consent and agree that any audio or video recordings and/or photographs of me or my child/children that may be taken, may be used by the Foundation, without the payment of any compensation or remuneration, for the sole purpose of promoting the Foundation's objectives, including use in any promotional or advertising material related to the fundraising activities of the Foundation. It is acknowledged and agreed that recordings may be used in an abridged or edited form.

The Foundation undertakes and agrees that any use by it of the audio or video recordings or photographs of me or my family members shall be done in a respectful and professional manner.

Dated at _____, Saskatchewan, this _____ day of _____, 20_____.

Signature of Individual/Parent/Legal Guardian: _____

Family Phone Number: _____

Name of Adult: _____

Name of Child(ren): _____

Email: I hereby give JPCHF expressed consent to contact me via email Yes No

If yes, email: _____

Full Mailing Address:

Address _____

City _____ Province _____ Postal Code _____

Other Notes: