

United Way of Harrison County, Inc.



**UNITED WAY OF HARRISON COUNTY, INC.
2018 CANCER GRANT
MID/END YEAR REPORT
*Due January 31, 2019***

Agency Name: _____

Person Completing Report: _____ **Date:** _____

Amount Allocated for 2018: _____

Mid-Year or Final _____

**Number of Patients Served January 1 through June
2018** _____ **(if mid-year report)**

Cost Per Patient \$ _____
Total Expended \$ _____

Number of Visits per Patient _____

Number of Patients Served January through December 2018 – if final report) _____

Total Cost per Patient \$ _____
Total Expended \$ _____

Number of Visits per Patient January through December _____

Geographical Location Breakdown of Patients: Mid-Year & Final

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did your clients learn of the service?

Unmet needs - did you have to turn any clients away? Explain if yes or no.

Explain any difficulty or unexpected consequences that occurred in administering the grant.

List any additional funding sources used in conjunction with the Harrison County Cancer Grant funds:

Attach copies of any publicity used to market this service, i.e. news paper articles, brochures, etc.

Additional Comments: