



EASTERN
MICHIGAN UNIVERSITY

Final Grant Report [Today's Date]

[Name]

[Grant Title/Project Title]

[Dates]

PROGRAM NAME / GRANT NAME INTRODUCTION

Was the project completed on-time? If the project is still ongoing or was completed earlier than anticipated, please describe the factor(s) that accelerated or delayed the project.

Describe your plans for and activities related to sustainability of the project.

Describe how the outcome(s) of your project could be used or replicated to inform or influence health policy in our state.



RESULTS/OUTCOMES

Describe key accomplishments toward the stated objectives. Include specific information related to number of people served, locations implemented, etc.

Please provide any final summaries, evaluation reports, and analyses that support the outcomes of your project in the attachments section. Where possible, include how these outcomes were measured and how they contributed to the success of your project.



BUDGET/VARIANCE

Please upload your final budget detailing how the grant funds were spent.

Are there any funds remaining from your awarded grant amount? If so, please list the amount and provide a detailed plan for using the funds and when you anticipate the funds will be exhausted.



OTHER

Was your project mentioned or featured in any publications? Please provide links to any clips or articles, or provide attachments.

Did your project lead to any potential or actual healthcare cost savings? If so, please describe.