



**VOLUNTEER COUNCIL
GRANT FOLLOW-UP REPORT**

Funding will support the Patient & Family Centered Care approach to health care as outlined in "Carolina Care."

Date:	Name:
Grant #:	Title & Department:
	Email:

Please complete and return this form to the Council within 90 days of the completion of the project: wtw@greenwooten.com.

TITLE OF FUNDED PROGRAM:

Describe the outcome of the project/program including measurable objectives. Please be specific.