



**VOLUNTEER COUNCIL**  
**G-5 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: [volsvcs@unchealth.unc.edu](mailto:volsvcs@unchealth.unc.edu) or [Linda.Bowles@unchealth.unc.edu](mailto:Linda.Bowles@unchealth.unc.edu).**

TITLE OF FUNDED PROGRAM:

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