

GRANT FOLLOW-UP FORM

To: McKeesport Hospital Foundation

Follow-Up Due Date:

Grantee:

Fund (if applicable):

Purpose:

Received Amount:

Grant Number:

1. Describe how grant funds received have been used in accordance with the above stated purpose.

2. Are any grant funds unspent? If yes, please inform us of the amount and how and when the funds will be expended.

3. List any changes in your organization that have occurred since you received the grant (leadership, grant contact, address, etc.).

Submitted by: _____ Date: _____

Please send all follow-up forms by mail or email:

McKeesport Hospital Foundation
1500 5th Avenue
McKeesport, PA 15132
mckeesporthospitalfdn@gmail.com

Please note, further information and documentation may be requested at a later date.