



**Greater Louisville
MEDICAL SOCIETY
FOUNDATION**
est. 1958

GLMS Foundation 12-Month Grant Report

ORGANIZATION INFORMATION

- » Organization Name: _____
- » Primary Contact Name: _____
- » Contact Email: _____
- » Contact Phone Number: _____

GRANT INFORMATION

- » Grant Amount Received: _____
- » Date of Grant Award: _____

PROJECT UPDATES

1. Budgetary Adjustments

Have there been any budgetary adjustments since the project started? Attach a final financial report if available

- Yes No

If yes, please provide details of the adjustments:

2. Project Accomplishments

List and describe key accomplishments throughout the grant period. Highlight milestones, outputs, and notable achievements:

3. Community Impact

How has this project made a difference in the community?

4. Public Acknowledgement

Has the grant garnered any additional public acknowledge since the 6-month report?

Yes No

If yes, please attach any media files or provide relevant links below:

6. Sustainability and Next Steps

Is the project continuing beyond the grant? If so, how will it be sustained?

7. Final Reflections

Is there anything else you'd like us to know? Share reflections from leadership, partners, or participants or any relevant anecdotal stories and/or images/videos

Submission

Please submit this form along with any additional media files to kimberly.risinger@glms.org