

RUTGERS COMMUNITY HEALTH FOUNDATION

Aiding the Health Needs of New Jersey Since 1987

P.O. Box 1265

New Brunswick, NJ 08903-1265

Email: info@rchfoundation.org

Web Site: www.rchfoundation.org

RENEWAL REQUEST

Instructions: Organizations approved for multi-year funding must submit a renewal request 6 months after the start of the initial award or start of a new project period. Please complete the below information and submit electronically to info@rchfoundation.org. Request must be received within 15 days of the 6 month reporting period to ensure funding is continued.

Date: _____

Name of Organization: _____

Applicant Address: _____

Name of Organization's Executive Director: _____

Telephone #: _____ E-Mail Address: _____

Project Name: _____

Current Project Period: _____

Total number of years funded for this project: _____

Renewal Request for funding:

Project Period (renewal request must be submitted on an annual basis based on original grant award)	Request of RCHF (\$)
_____ to _____	

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I. **Project Summary:** Please provide a detailed summary of program accomplishments for the current project period.

II. **Evaluation:** List all progress toward meeting program goals and objectives. Include any pre post test results, surveys, client feedback etc. If the program is not on target to accomplished set goals, please explain.

III. **Financial Information:** Detail current expenditures approved in original grant application.

	Approved Budget Amount	Current Expenditures	Remaining Balance
Salary	\$	\$	\$
Program Expenses			
Travel			
Facilities Fees			
Total			

IV. **Proposed Changes:** Indicate any program changes based on lessons learned, barriers or challenges in current grant year.