



Midwest City Memorial Hospital Authority  
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## Community Improvement Grant Program

### FISCAL YEAR 2023-24 GRANT OUTCOME REPORT

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Project Title: \_\_\_\_\_

Grant Money Awarded: \$ \_\_\_\_\_ Date of any extensions: \_\_\_\_\_

Please respond **reflectively** to the following questions related to your grant project:

- Has the project objectives as described in your application been achieved (If no, please explain)? Yes No

\_\_\_\_\_

- Briefly describe the outcomes/accomplishments of this grant project. \_\_\_\_\_

\_\_\_\_\_

- Please report any observations, unexpected outcomes or anecdotal information that resulted from the grant project (e.g. news coverage, community event, photos, etc.). \_\_\_\_\_

\_\_\_\_\_

- Please provide feedback regarding your overall grant process experience (e.g. working with Hospital Authority staff/application submission process, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Grant Recipient Signature

\_\_\_\_\_  
Grant Recipient Name (Printed/Typed)