# Community Partner Stipend Final Report due November 10, 2025

Important: the financial reimbursement request workbook is due with the final report.

Organization’s legal name (the "recipient"):

Person completing the report

Name and credentials:
Role:

Email:

Phone number:

For each category below, please briefly describe how funds were used

If your organization did not use funds in a specific category, please enter “N/A” for not applicable.

1. Technology enhancements: new or upgraded hardware and/or software to improve access, screening, or referral processes.

2. Staff hours: salary and fringe expenses for staff time spent on this project. Eligible staff include client-facing and project management staff.

3. Staff education and training: staff training expenses for your organization or your partner hospital (formal certification or credentialing programs, or informal or one-time training by an outside organization).

4. Client education and outreach: client-facing education to improve self-management of chronic disease, address social care needs and/or reduce healthcare disparities.

Please describe the successes, challenges, or changes your organization has faced during the grant period. (3-5 bullet points)

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Program evaluation

Please describe how you measured the success of your project goals listed below. Include relevant data and a simple timeline of activities that took place from May 1 to October 31, 2025. (limit 1,500 characters)

Stories from the field

Stories from the field is an opportunity for you to share your experiences and demonstrate the value of your work. Describe a best practice, client experience or other anecdote reflecting the successful implementation of your project. (limit 500 characters)

Please estimate the number of clients this work impacted

(your answer should be a number)

Sustainability

Please describe how you plan to sustain this project going forward. (limit 500 characters)

Attestation

By signing below, I am attesting that, to the best of my knowledge and belief, all written information and data included in the report is accurate and complete.

Recipient organization name:

Report completed by:

Title:

Date:

Additional information:

Important: the Care Connections financial reimbursement request workbook is due with the final report. Please submit both the workbook and this report to your HANYS project manager by Nov. 10, 2025.

For any questions or support with the final report or the workbook, please contact your HANYS Project Manager, or email Maria Baum, stipend program lead, at mbaum@hanys.org.