

SECTION A

**Advocate Bethany Hospital Community Health Fund
Grant Performance Report Cover Sheet FY 2007
Interim Performance Report**

General Information (See Instructions)

1. Grantee Award Number: _____

2. Grantee Name: _____

3. Project Title: _____

(Enter the same title as on the approved application.)

4. Grantee Address _____

City _____ State _____ Zip Code _____

Has the address changed since your organization was awarded the grant? Yes _____ No _____

5. Location of Organization <i>(See Instructions):</i>	6. Priority Area(s) Addressed In Proposal <i>(See Instructions)</i>	7. Program Area(s) <i>(See Instructions)</i>
<input type="checkbox"/> Austin <input type="checkbox"/> West Garfield <input type="checkbox"/> North Lawndale <input type="checkbox"/> East Garfield <input type="checkbox"/> Humboldt Park <input type="checkbox"/> Other	<input type="checkbox"/> School Dropout <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Infant Mortality <input type="checkbox"/> Diabetes <input type="checkbox"/> Unemployment <input type="checkbox"/> Homicide <input type="checkbox"/> Teen Births	<input type="checkbox"/> Austin <input type="checkbox"/> West Garfield <input type="checkbox"/> North Lawndale <input type="checkbox"/> East Garfield <input type="checkbox"/> Humboldt Park <input type="checkbox"/> Other

8. Project Director's Name: _____

Title: _____

Ph #: () _____ - _____ Ext: () _____

Fax #: () _____ - _____

Email Address: _____

Reporting Period Information (See Instructions.)

9. Reporting Period: From: 01/08/2008 To: 04/30/2008

Budget Information (See instructions.)

10. Award Amount and Budget Expenditures

Bethany Fund Grant Funds	
a. Grant Award Amount	
b. Total Expenditures For Current Budget Period	

Certification (See Instructions)

11. To the best of my knowledge and belief, all information in this performance report is true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information requested by the funder.

Name of Authorized Representative:

Title:

Signature

Date: ___/___/___