

4. **Scope of Project:** _____ Community
_____ Regional

5. **Please provide a brief description of activities conducted during this project.**

6. **Please list key partners in this project (lead person/agency/group):**

7. **Please share any stories or incidents associated with this project which illustrate participants' experiences if any.**

8. **What, if anything, would you have done differently if planning this project again?**

9. **Overall comments about your experience with the Community Grants program.**

Submitted By: _____ **Date:** _____

Submit to email info@centralwellness.com or

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