

Lutheran Health Network 2019 Community Benefit Results Report

Purpose & Overview

Lutheran Health Network (LHN) is committed to addressing issues and concerns that affect community health. As a result of that commitment, the network focuses on supporting initiatives that have the potential to impact the overall health and wellness of individuals living in the communities served by the network. LHN carefully considers requests from area organizations/groups for contributions for programs, events and activities that support the network's mission, vision and objectives. LHN also considers requests involving cultural, economic development/revitalization and education on a case-by-case and more limited basis. LHN acknowledges that there are many great organizations, programs and events at work in our community. However, community benefit funds are limited, and therefore, LHN cannot approve all requests. In an effort to ensure that our program is effective, it is important to know how our funds have been used and what impact they have made and are continuing to make.

Submission Timeline & Details for Results Report

For community benefit requests that are approved, the requester is required to submit a follow-up report to LHN's community affairs supervisor within 60 days of the program/event. The follow-up report should summarize who was impacted, how they were impacted and how the funds were used. This Community Benefit Results Report form is a guide you may use to fulfill this requirement.

Submit LHN Community Benefit Results Report form, along with supporting information, (electronic reports preferred) to:

Deana Croussore, Community Affairs Supervisor, Lutheran Health Network
7950 W. Jefferson Blvd., Fort Wayne, IN 46804
dcroussore@lhn.net
(260) 435-6903 fax

Community Benefit Changes

The community benefit program is subject to change and availability. LHN reserves the right to change these guidelines at any time and without notice. LHN reserves the right to alter approved or denied donation, sponsorship, partnership funds and in-kind items/services, even after approval or denial.



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Contact Information

Today's date:

Contact name (submitted by): Phone:

Email:

Organization:

Address:

City/State/ZIP:

Website(s):

About the Organization

Purpose/mission:

Program(s)/Event(s)

Please note that results should reflect LHN's service area specifically, not a greater region or the nation. If your results are not restricted to our service area, please note that in your answers.

Name(s):

Date(s): Times/Duration:

Location(s): Cost for attendees/participants:

Details/description of program/event (include visuals from program/event, if possible):

Who was served (demographics, number of people served, etc.) by program/event?



How were they served/impacted?

What were your results and how did you measure them?

How is this program/event unique? And why is it needed?

How did Lutheran Health Network (or an LHN member facility) contribute (funds, in-kind, volunteers, etc.)?

How were the funds/items/services used?

Other major funding sources and levels (especially other health-related organizations):

How was the program/event advertised/promoted (include visual examples, if possible)?

What recognition and/or marketing opportunities, if any, did LHN receive (may attach list/levels)?

Other individuals, businesses, organizations involved in program/event (esp. other health-related organizations):

Additional information:

You may attach additional documentation.

Signature

I've read the Lutheran Health Network 2019 Community Benefit Results Report guidelines and verify that the information being submitted is complete and accurate.

(Authorized Signature)

