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| --- |
| **Date:** Click or tap to enter a date. |
| **Organization:** |
|  |
| **Program:**  |
| Choose an item. |
| **Area Project Officer** |
| Choose an item. |
| **Project Contact Information** |
| **Name:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:** Click or tap here to enter text.**Website URL:** Click or tap here to enter text. |
| **Project Name** |
|  |
| **Grant #:** |
|  |
| **Summary of Activity/Activities to Highlight:** 500 words or less |
| **- Story/process****- Purpose****- Target Audience** **- Include dates and times****- How many individuals attended****- List/mention any partnerships****- Activities** **- Quotes/anecdotes** **- Impact of activity(community)** |
| **Photos** |
| *Please provide high resolution photos related to program activities. Any person visible in the photo that is not an employee of the US Federal Government is required to sign the HHS Photo Release Waiver. The waivers must be submitted with each photo. If the individual pictured in the photo is a minor, their parent/guardian must sign the form. If your organization has its own photo waiver, please indicate that the waiver is on-file for this submission.* |