



**FAITH-BASED HEALTH COLLABORATIVE  
MINI-GRANT SURVEY**

Please complete the following Survey Form immediately following your health event and return it to [FBHCollaborative@gmail.com](mailto:FBHCollaborative@gmail.com). Should you have any questions please contact Rhonda Jennings, Secretary of the FBHC at (412) 231-1258. You may also write on the back of this form if additional space is needed. Thank you.

**Name of Church** \_\_\_\_\_

**Pastor/Reverend** \_\_\_\_\_

**Grant Amount Received** \_\_\_\_\_

**Date of Activity** \_\_\_\_\_

**1. Please describe the activity, including the number of people participating, etc.**

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**2. Do you feel the grant funds were helpful to your church in carrying out its activities?  
Please explain.**

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**3. What were your successes and challenges?**

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**4. Which population has the greatest health need in your community (select one)?**

- 1. Seniors
- 2. Children and Adolescents
- 3. Mothers and Infants
- 4. General Community
- 5. Other populations (Please specify):

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