



**Subject: Reminder: Complete Your Survey to Ensure Future Grant Eligibility**

Thank you for participating in our program! We want to remind you that completing the post-event survey is a critical step in the grant process.

To remain eligible for future grant opportunities, we kindly ask that you complete and return the survey **no later than 14 days** after your event. This feedback is essential to our work at the Faith-Based Health Collaborative and helps us better serve our community.

If you have any questions or need assistance, don't hesitate to reach out.

Thank you for your attention to this matter and for your continued partnership.

Blessings,

Faith-Based Health Collaborative



**Faith-Based Health Collaborative**  
(Mini-Grant Survey)

Please complete this survey immediately following your health event and return it electronically to [FBHCollaborative@gmail.com](mailto:FBHCollaborative@gmail.com). If you have any questions, please contact Ms. Rhonda Jennings, Secretary of the FBHC (412-231-1258).

**Directions: You may type or write your responses. Please respond to statements or questions in no more than 3 to 4 sentences.**

**1. General information:**

- Name of Church:
- Pastor/Reverend:
- Grant Amount Received:
- Event Date:
- Number of Participants:
- Describe this event:

**2. Were the grant funds helpful to your church in carrying out this event?**

Enter an X next to your chosen response and then explain your response in the space provided.

- Yes
- No
- Somewhat

**3. List the ways your health event was successful.**

**4. List any challenges experienced planning and/or implementing this health event.**

**5. Which population in your community has the greatest health need?**

Choose 1; place an X next to your choice.

- Seniors
- Children and Adolescents
- Mothers and Infants
- General Community
- Other Community Populations Please describe this population.

**Survey Completed by:**

**Date Completed:**