

**GRANT FOLLOW-UP FORM**

**To: McKeesport Hospital Foundation**

**Follow-Up Due Date:**

Grantee:

Fund (if applicable):

Purpose:

Received Amount:

Grant Number:

1. Describe how grant funds received have been used in accordance with the above stated purpose.
  
  
  
  
  
  
  
  
  
  
2. Are any grant funds unspent? If yes, please inform us of the amount and how and when the funds will be expended.
  
  
  
  
  
  
  
  
  
  
3. List any changes in your organization that have occurred since you received the grant (leadership, grant contact, address, etc.).

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send all follow-up forms by mail, email or fax to Eliana R. Latterman:**

McKeesport Hospital Foundation  
1500 5<sup>th</sup> Avenue  
McKeesport, PA 15132  
lattermaner2@upmc.edu  
Fax: 412.664.2596

**Please note, further information and documentation may be requested at a later date.**