

Wolper Jewish Hospital Health Foundation Final Report

This report must be submitted within 60 days of the scheduled completion date of the funded initiative. All sections of this report must be completed by providing responses for each field.

The Final Report can be mailed or emailed to	The Fina	Report	can be	mailed	or	emailed	to
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John Tucker, CEO Wolper Jewish Hospital, 8 Trelawney Street, Woollahra NSW 2025 foundation@wolper.com.au

foundation@wolper.com.au				
Reporting period				
		to		
Organisation name				
Initiative title			A	_
Date of grant		N. I		
	Year 1	Year 2	Year 3	Total
Approved funding	\$	\$	\$	\$
Amount received to date	\$	\$	\$	\$
Amount expended	\$	\$	\$	\$



Please provide a detailed list of all income and expenditure related to the approved initiati provide the organisation's audited accounts and financial reports including the latest statem performance and statement of financial position.	
What has the initiative achieved? How does this compare with the original approved applicati	on?
How many people have benefitted from this initiative? How does this compare with the or application?	iginal approved



How has the initiativ	e benefited the com	nmunity?		
low have the projec	t results been comr	nunicated and/or dis	sseminated?	
Vill the project cont	inue, and if so, how	will funding be sus	tained?	



Are there any unexpende	ed funds that need	to be returned?	
Feedback			
	ital Health Foundat	tion web site was	s clear and easy to understand
Strongly disagree	Disagree	Agree	Strongly agree
The funding guidelines a	nd application form	ıs were easy to u	understand
Strongly disagree	Disagree	Agree	Strongly agree
If assistance was needed	I, a representative	from the Founda	ation responded in a timely manner
Strongly disagree	Disagree	Agree	Strongly agree
The Progress and Final R	eport process was	clear and easy to	o understand
Strongly disagree	Disagree	Agree	Strongly agree
The Wolper Jewish Hosp	ital Health Foundat	tion grant was cri	ritical to the success of the project
Strongly disagree	Disagree	Agree	Strongly agree
We welcome any other co	omments		



Respondent's name Phone	Position title Email			
audited accounts	o the approved initiative and the organisation's latest			
 Declaration By completing the signature box below you are confirming the following: I confirm that the information outlined in this form is true and correct I confirm that funds received from the Foundation have been used only for the purposes for which they were approved and that unexpended funds have been refunded I acknowledge that the Wolper Jewish Hospital Health Foundation may request additional information to support this report 				
Name	Position held			
Signature What is this?	Date			