



## First Quarter Narrative Report *page 2*

Applicant/Organization Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Director/Contact Person: \_\_\_\_\_

**Submit an original and (4) four copies to Lori Seibel, President, Community Health Endowment, P.O. Box 81309, Lincoln, NE 68501, NO LATER THAN OCTOBER 15.**

1. **Using single spacing and a 10 point font,** please describe anticipated revisions, if any, to your approved budget. *(Note: All revisions must receive prior approval from CHE) (Limit 25 lines).*

2. **Please briefly describe any major achievements or challenges related to your project during Quarter 1. (Limit 25 lines).**

**3. Please list the names of volunteers who worked with this project.**