Community Benefit Report Form

Mercy Hospital Washington

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| **Please send completed forms to:** | Cara Smith(Administration) | Cara.Smith@mercy.net | Phone: 636-239-8350Fax: 636-239-8078 |

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| Submitting Department Contact Information: |
| Dept Name: | Enter text. | Dept #: | Enter email. |  |
| Name: | Enter text. | Phone: | Enter #. |  |
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| Activity Information (ex: Community Events or Programs, Speaking Engagements, Support Groups, Outreach Activities):  |
| Event Name: | Enter text. | Date(s) Held: | Enter date(s). |  |
| Description: | Enter text. |  |
| Location: | Enter text. |  |
| Attendees: | Specify who event was for / who participated. | How Many? (# of people served)  | Enter #. |  |
| Please describe community need being addressed and list any community or other Mercy partners.  |  |
|  | Enter text. |  |
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| Expenses:  |
| Paid Staff Hours (work time spent on activity/event, including planning time): |  |  |
| Specialty Physician: | Enter total hrs. |  | Department: | Enter total hrs. |  |
|  |  |  | PCP Physician: | Enter total hrs. |  |
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| Expenses (from your budget – supplies, materials, food, purchased services, etc.): |  |
|  | Expense Item 1: | Enter text. |  | $Enter #. |  |
|  | Expense Item 2: | Enter text. |  | $Enter #. |  |
|  | Expense Item 3: | Enter text. |  | $Enter #. |  |
|  | Total: |  | $Enter #. |  |
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| Funding/Revenue: |
| Did you receive any funding or generate revenue from this event? If yes, please explain: |  |
|  | Enter text. |  |
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| Students – Teaching, Clinical Rotations, Preceptorships, Internships:  |
|  | Student Type: | Enter text. |  | Date Range: Enter dates. |  |
|  | School/Program: | Enter text. |  | Number of Students: Enter #. |  |
|  |  |  | Total Student Hours: Enter #. |  |
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| Board Memberships in Community Nonprofits on Work Time:  |
|  | Organization: | Enter text. |  | Date Range: Enter dates. |  |
|  |  |  |  | Total Hours: Enter #. |  |
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| **Comments:** Information relating to the need addressed by the program, expense details, and/or other program specifics. |