Community Benefit Report Form

Mercy Hospital Washington

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