



To account for Indian Health Service (IHS) Federal award funds, the YKHC Diabetes Prevention and Control Program requires all award recipients to complete and submit this report along with all vendor receipts, photos of participants using the equipment, and letters from the community via mail, e-mail, or fax to:

YKHC Diabetes Program  
PO Box 528  
Bethel, AK 99559  
Phone: 907-543-6133  
Fax: 907-543-6104  
diabetes\_program@ykhc.org

**This report is due 90 days after receiving funding.**

Date submitted: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Applicant: \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

Did you purchase what you requested in your application?    Yes    No

Did you include all your vendor receipt(s)? (Required)    Yes    No

Did you include pictures? (Required)    Yes    No

Did you include letters from the community? (Required)    Yes    No

If you answered 'No' to any of the above questions, explain why and provide a detailed timeframe for project completion. Please provide an attached document if you need more space.

Who in the community has benefitted from the completion of this project?

How has this project impacted the health of the community?



**Yukon-Kuskokwim**  
**HEALTH CORPORATION**

Diabetes Prevention & Control  
P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000

## Community Activity & Garden Award Tracking Form

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Did the implementation of this project go as you had expected or planned?

What are the plans for continued use of project materials/supplies?

What are the plans for extending or expanding this project?