



# UC Davis Children's Hospital

Children's Miracle Network

Progress Report

**Due Monday, March 2, 2009**

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**RECIPIENTS OF CMN AWARDS WHO DO NOT SUBMIT A PROGRESS REPORT  
WILL NOT BE CONSIDERED FOR FUTURE CMN FUNDING**

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**Include the following information:**

(Report not to exceed **two** pages in length)

- **CMN Account Number:**
- **CMN Grant Name:**
- **Date Project Began:**
- **Project End Date or Anticipated End Date:**
- **Participants Involved in Project:**
  - Name(s)
  - Title
  - Role in Project
- **Overview of Project:**
- **Overview of Budget:**
  - Dollar Amount of Funds Used
  - Purpose of Funds Used
  - Funds Remaining
  - Projected Use of Remaining Funds
- **Actual vs. Projected Outcomes of Project:**
- **Perceived Benefit of Project to Children:**

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**ALL PROGRESS REPORTS ARE SUBMITTED TO THE UC DAVIS  
CHILDREN'S HOSPITAL CMN EXECUTIVE COMMITTEE FOR REVIEW**