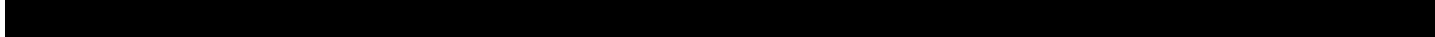


**Women's and Men's Health Programs (WMHP) Growing Healthier Communities Through Prevention  
2023-2027 WMHP Preventive Screening Subaward**

**Project Summary Report**

<b>Date:</b>	<b>Project Title:</b>
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**Organization:**



**Form Prepared by:**

**Address:**

**City, State, Zip:**

<b>Phone:</b>	<b>Email:</b>
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**Project Summary Report for Colorectal Cancer**

<b>Colorectal Cancer:</b>	<b>Number of FIT Kits Distributed:</b> _____	<b>Who received kits:</b> # Male: _____ # Female: _____ 45-49: _____ 50+: _____	<b>Return Rates:</b> _____
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<b>Successes:</b>	<b>Challenges:</b>
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<b>Resolution:</b>	<b>Lessons Learned:</b>
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**What changes will be made based on lesson learned?**

**\*Submit completed form with Performance Pay invoice.**