



It is of great value to hear how the Smile Train's grant made an impact on your cleft program and the children you serve. To be considered for future funding, all Smile Train grant recipients are requested to submit a Final Grant Report within 30 days of completing the grant. We greatly appreciate you taking the time to complete this report and look forward to receiving it.

Treatment Partners & Treatment Grant Recipients

1. Amount of Smile Train grant and dates of grant period.
2. How was this grant used? Please explain how 100% of the funding was spent.
3. How many cleft patients does your center treat every year and how many additional patients were helped with this Smile Train grant?
4. Does your center have a waiting list for cleft surgery? If so, how many children are on it?
5. Was this grant used to train medical professionals? If so, how many?
6. How much do you charge paying patients for cleft surgery at your center? How much do you charge poor patients? Do you help any patients for free?
7. Does the government pay for cleft surgery for poor patients?
8. How much of the total cost of your center's cleft program is covered by: 1) Smile Train 2) other non-profit organizations 3) government 4) insurance 5) patient 6) If other, please specify.
9. How did The Smile Train's grant affect your cleft program?
10. Describe the successes and challenges experienced and any internal or external factors that had a positive or negative effect.
11. Describe how The Smile Train grant has been communicated to the public. Include news clippings, releases, and brochures.
12. Please send us pictures and stories of 3-5 of your patients.

Education & Training Grant Recipients

1. Amount of Smile Train grant and dates of grant period.
2. How was this grant used? Please explain how 100% of the funding was spent.
3. How many medical professionals does your center train every year and how many additional medical professionals were trained with this Smile Train grant?
4. Was this grant used to provide cleft surgery for children? If so, how many?
5. What is the average cost per medical professional trained?
6. How much of the total cost of training is covered by: 1) Smile Train 2) other non-profit organizations 3) government 4) insurance 5) patient 6) If other, please specify.
7. How did The Smile Train's grant affect your training program?
8. Describe the successes and challenges experienced and any internal or external factors that had a positive or negative effect.
9. Describe how The Smile Train grant has been communicated to the public. Include news clippings, releases, and brochures.

Please send reports via email to jlece@smiletrain.org or mail to:

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