

Healthcare Project Grant Evaluation Result

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Organization's Name]

Subject: Evaluation Result of Healthcare Project Grant Application

Dear [Recipient's Name],

We are pleased to inform you that your application for the Healthcare Project Grant titled "[Project Title]" has been thoroughly evaluated by our review committee.

The evaluation criteria focused on the project's objectives, methodological approach, potential impact, and overall feasibility. After careful consideration, we regret to inform you that your application was not selected for funding this cycle due to [reason for not being selected, e.g., limited funding availability, high competition, etc.].

We commend the efforts you have put into your project proposal and encourage you to consider applying in our future grant cycles. We believe that your project has significant potential, and we hope to see it progress in the future.

If you would like feedback regarding your application, please feel free to reach out.

Thank you for your interest in improving healthcare outcomes.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Contact Information]