Section 1. Organizational Information

Organization Name	ICNA RELIEF USA PROGRAMS DBA SHIFA FREE CLINIC						
Mailing Address	668 Marina Drive Unit A-4,						
City Charleston		State	SC	Zip	29492		
Authorized Officer for this Grant Dr. Reshma Khan Individual's Title Medical Director Have the grant funds been fully expended?		_ ] ]	Individual's Email Address rkhan@icnarelief.org Individual's Phone Number 8433647795 Yes No				
If "No," stop here and contact The Joanna Foundation for consultation.							
Section 2. Grant Summary							
Start Date (date on p.1 - mm/dd/yyyy) 07/13/2023			Grant Amount \$2,500				
Project Title Food assistance to low and moderate income residents of Tricounty							
Overall Purpose (select				. 1	. —		
Operating support Administrative/technical support			Matching funds Capital campaign				
Seed money/startup funds			Facilities/equipment				
Specific project/program (insert title or one sentence summary below)							
Hunger Prevention: The funds will be used towards purchase of food supplies from Lowcountry food bank(food & gas)							
Were major changes made to the project after the grant was received? Yes $\bigotimes$ No $\bigcirc$ If "Yes," please explain why and summarize the changes as part of your Summary of Impact.							

## Section 3. Summary of Impact

Separately, using software of your choice, write a concise summary of how the grant helped achieve the objective of the request. For example, you may mention activities to date, progress toward milestones, participation by volunteers, partners or audience members, and/or significant achievements. You may use metrics to show change or anecdotal examples to illustrate impact. You may use bullets or lists. Describe the difference that The Joanna Foundation grant made to your organization in this time frame. We recommend one page of text or less. You may add items that showcase your work, such as a photo, graphic, chart, media article, testimonial, or link to a short video.

When you are satisfied with your draft, save your Summary of Impact in pdf format, attach any additions, insert your material after this page, and submit the combined file (consisting of this 2-pg form + your materials) as a single pdf file.



Address	668 Marir
Phone Fax Email Website	

arina Drive, Charleston, SC 29492 Unit A-4 843-352-4580 843-375-9063 shifa.sc@icnarelief.org www.shifaclinics.com

Shifa Free Clinic is aware that ending hunger in our communities requires collaboration. When we work together, we give more people access to fresh and nutritious food. The partnership with The Joanna Foundation to support families with food boxes and groceries was effective. The funds requested to purchase food supplies. We were able to secure purchase of food and gas for vehicle used for transportation of the supplies for 1,5 months. This purchase helped:

- To purchase food from LCFB at a much lower cost than retail resulting in more value to the dollar and a bigger impact.
- Helped to provide LCFB with maintenance funds for their operations and help them to fight the hunger.

As a partner agency from Lowcountry Foodbank to support individuals and families in our community, the food was available to all who came to our location.

On July and August, the Hunger prevention program with its projects as the Onsite monthly food assistance, Home deliveries, Mobile Food Pantry and Giveaways, fed 1,738 households, 5,042 individuals and gave 37,080 Pounds of meat and Groceries.



Food Pantry Volunteers



Client at the Food Pantry



Homeless Client at the Mobile Food Pantry