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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration   OUTREACH AND ENROLLMENT SUPPLEMENTAL** | **FOR HRSA USE ONLY** | |
| Application Tracking Number | Grant Number |
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| **Grantee Information** | |
| **Grantee Name, City, State:** | **Application Tracking Number:** |

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| 1. **Progress toward O/E Projection** | | | |
| Number of O/E workers who completed HHS training in previous quarter | Number of unique individuals assisted\* by O/E workers in previous quarter | Cumulative total # of individuals assisted with O/E | Budget period projection of individuals to be assisted with O/E |
| Whole numbers only | Whole numbers only | Auto-calculate from past submissions. | Prepopulate with projection in application. |

\*Assisted …

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| **2. Coordination of Efforts** |
| How have you coordinated your O/E efforts with other health centers and with other state or local efforts? |
| 1500 characters (1/2 page) |

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| **3. Barriers** |
| Describe any major O/E barriers you have encountered. |
| 1500 characters (1/2 page) |

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| **4. Key Strategies and Lessons Learned** |
| Describe key strategies and lessons learned that have contributed to the success of your O/E efforts. |
| 1500 characters (1/2 page) |