DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration OUTREACH AND ENROLLMENT SUPPLEMENTAL	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number

Grantee Information	
Grantee Name, City, State:	**Application Tracking Number:**

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 ...

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)

3. Barriers

Describe any major O/E barriers you have encountered.

1500 characters (1/2 page)

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)