

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration [Non-Capital Investment Program] [Quarterly/Tri-Annual/Semi Annual] PROGRESS REPORT	FOR HRSA USE ONLY		
	Organization:		Program:
	Submission Tracking Number:		Reporting Period:
	Grant Number:	Awarded Amount:	Draw Down Amount:

Reporting Expectations: Please report on all activities for the following reporting period:

- Previous 3 month reporting period only (quarterly) [MM/DD/YYYY - MM/DD/YYYY]
- Previous 4 month reporting period only (tri-annually) [MM/DD/YYYY - MM/DD/YYYY]
- Previous 6 month reporting period only (Semi-annually) [MM/DD/YYYY - MM/DD/YYYY]
- Entire project period from funding start date to present [MM/DD/YYYY - MM/DD/YYYY]

1. Project Status

1.1 Not Started

1.1.1 The health center will not implement this project

Please indicate why the project will not be implemented:

- Health Center Governing Board has opted not to continue this project
- Health Center merging with or acquired by another entity
- Staffing Issues, including key management changes
- Competing priorities
- Loss of Section 330 (H80) grant
- Other: Please explain _____

1.2 In Progress

1.2.1 The health center will not complete this project

Please indicate why the project will not be completed:

- Health Center Governing Board has opted not to continue this project
- Health Center merging with or acquired by another entity
- Staffing Issues, including key management changes
- Competing priorities
- Loss of Section 330 (H80) grant
- Other: Please explain _____

1.3a Project Activities Completed -

- 100% of awarded funds have been expended or will be drawn down within 90 days after the project period end date
- Will not draw down [\$ AMOUNT] due to:
 - Actual costs less than budgeted

- Other local, state, or Federal funding stream(s) used for some planned activities/expenditures
- Supplies, equipment or services donated or provided through other means
- Unable to acquire planned supplies/equipment within award project period
- Other _____

1.3b All Proposed or Required Project Activities Completed

2. Please provide status update on all activities supported with this funding in the following areas consistent with the HRSA-approved [INVESTMENT] Award Submission. For each category/activity included in the approved work plan, identify what activities have been completed, are in progress, or are planned for this funding. Indicate how the funds have been used and document challenges, successes, and lessons learned.

2a. [Activity/Category #1] Status Report

- All Activities Completed
- Activities in Progress
- Activities in Planning
- This activity was not included in my project work plan/proposal

Funds were used as indicated (Select all that apply):

- Personnel Fringe Travel Equipment Supplies Contractual
- Other, Explain: _____

Successes: _____

Lessons Learned/Promising Practices: _____

2b. [Activity/Category #2] Status Report

- All Activities Completed
- Activities in Progress
- Activities in Planning
- This Activity was not included in my project work plan/proposal

Funds were used as indicated (Select all that apply):

- Personnel Fringe Travel Equipment Supplies Contractual
- Other, Explain: _____

Successes: _____

Lessons Learned/Promising Practices: _____

2c. [Activity/Category #3] Status Report

- All Activities Completed
- Activities in Progress
- Activities in Planning
- This Activity was not included in my project work plan/proposal

Funds were used as indicated (Select all that apply):

Personnel Fringe Travel Equipment Supplies Contractual

Other, Explain: _____

Successes: _____

Lessons Learned/Promising Practices: _____

2d. [Activity/Category #4] Status Report

All Activities Completed

Activities in Progress

Activities in Planning

This Activity was not included in my project work plan/proposal

Funds were used as indicated (Select all that apply):

Personnel Fringe Travel Equipment Supplies Contractual

Other, Explain: _____

Successes: _____

Lessons Learned/Promising Practices: _____

2e. [Activity/Category #5] Status Report

All Activities Completed

Activities in Progress

Activities in Planning

This Activity was not included in my project work plan/proposal

Funds were used as indicated (Select all that apply):

Personnel Fringe Travel Equipment Supplies Contractual

Other, Explain: _____

Successes: _____

Lessons Learned/Promising Practices: _____

3. Are the implemented or planned activities described above and associated uses of the funds consistent with your approved [INVESTMENT] award submission?

Yes

No

If No, check all that apply:

3.1 Budget: Reallocation of funds across approved categories less than 25% of total award

3.2 Budget: Reallocation of funds across approved categories of 25% or more of total award
Prior Approval Request Submitted?

Yes

No (Please note that a Prior Approval Request is required.)

3.3 Equipment: New equipment added. Equipment purchased with award funds must be pertinent to award activities; have a useful life of more than one year and a per-unit cost that equals or exceeds \$5,000; and is maintained, tracked, and disposed of in accordance with 45 CFR Part 75.

Prior Approval Request Submitted?

Yes

No (Please note that a Prior Approval Request is required.)

3.4 Activities: Changes made to approved project work plan activities (whether or not budget impacted).

Describe changes:

3.5 Changes in minor A/R

3.5.1 Minor A/R will not be implemented

3.5.2 Minor A/R changes-No change in site/location of renovation

Describe changes:

3.5.3 Minor A/R changes-change in site/location of renovation

Prior Approval Request Submitted?

Yes

No (Please note that a Prior Approval Request is required.)

4. Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities consistent with your approved [INVESTMENT] work plan submission?

Yes

No

4.1 If Yes, please identify the type of barrier/s encountered. Select all that apply:

4.1.1 Recruiting and/or retaining staffing

4.1.2 Staffing shortages due to issues other than recruiting or retention, such as unscheduled absences

4.1.3 Key management staff turnover

4.1.4 EHR/data Issues

4.1.5 Supplies/equipment, orders delayed or unfilled/Vendor delays

4.1.6 Supplies, overstock/unable to use before expiration/storage issues

4.1.7 Minor A & R/construction delays

Contractor/vendor delays

Equipment issues

Construction materials: Unavailable or cost overruns

Regulatory/permit delays

HRSA Approval Process/Required submissions

4.1.8 State or Local Government mandates

4.1.9 HRSA submission approval delays/issues

Explain:

4.1.10 Other: (Clinical, fiscal, operational issues, etc.)

Explain:

4.2 What steps have been taken to mitigate issues or barriers?

5. Point-in-Time Impact Self-Assessment:

Considering the overall project, please indicate the degree to which the **[INVESTMENT]** supported activities **to date** are achieving the funding objectives or project requirements as stated in the Notice of Funding Opportunity or Award Submission Requirement Guidance.

[Funding objective/project requirement #1]

Not yet achieving funding objectives/project requirements expected at this point

Achieving funding objectives/project requirements somewhat slower than expected this point

Activities in planning stages; not yet started

Achieving objectives/project requirements as expected at this point

Achieving objectives/project requirements better than expected at this point

Optional: Please provide any comments about the Impact Self-Assessment:

[Funding objective/project requirement #2]

Not yet achieving funding objectives/project requirements expected at this point

Achieving funding objectives/project requirements somewhat slower than expected this point

Activities in planning stages; not yet started

- Achieving objectives/project requirements as expected at this point
- Achieving objectives/project requirements better than expected at this point

Optional: Please provide any comments about the Impact Self-Assessment:

[Funding objective/project requirement #3]

- Not yet achieving funding objectives/project requirements expected at this point
- Achieving funding objectives/project requirements somewhat slower than expected this point
- Activities in planning stages; not yet started
- Achieving objectives/project requirements as expected at this point
- Achieving objectives/project requirements better than expected at this point

Optional: Please provide any comments about the Impact Self-Assessment:

[Funding objective/project requirement #4]

- Not yet achieving funding objectives/project requirements expected at this point
- Achieving funding objectives/project requirements somewhat slower than expected this point
- Activities in planning stages; not yet started
- Achieving objectives/project requirements as expected at this point
- Achieving objectives/project requirements better than expected at this point

Optional: Please provide any comments about the Impact Self-Assessment:

[Funding objective/project requirement #5]

- Not yet achieving funding objectives/project requirements expected at this point
- Achieving funding objectives/project requirements somewhat slower than expected this point
- Activities in planning stages; not yet started
- Achieving objectives/project requirements as expected at this point
- Achieving objectives/project requirements better than expected at this point

Optional: Please provide any comments about the Impact Self-Assessment:

6. Please select applicable responses below regarding training and technical assistance (T/TA) related to this a utilized training or technical assistance related to this award.

- I have not utilized any training or technical assistance for this project during the reporting period

I have utilized the following types of training/technical assistance for this project during the reporting period. Select all that apply.

- Technical Assistance webpages
- Phone conversation with HRSA staff
- Email communication with HRSA staff
- Health Center Program Support
- BPHC OHCIO Webinar or Office Hours event online
- NTTAP, PCA or NACHC Resources, webinars, or conferences
- OTHER _____

I am interested in receiving information about available training and technical assistance related to this project

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.