# Sample FY 2021 Project Work Plan Progress Report

(Required for POL)

The table below is for reference only. Start with the FY 2021 Project Work Plan Update included in your FY 2021 limited competition application (or the version approved by your Program Contact if post-award revisions were required), and add a column titled FY 2021 Progress (as shown in **red\*** below) to create an FY 2021 Project Work Plan Progress Report.

Use the new FY 2021 Progress column to provide information regarding progress made toward planned activities and goals since last year’s limited competition application. Do not edit any other fields.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

## Goal 1:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Data Source and Evaluation Methodology** | **Person/Area Responsible** | **FY 2021 Progress**[**\***](#red) |
| ***Do not edit information in this column.*** | ***Do not edit information in this column.*** | ***Do not edit information in this column.*** | ***Do not edit information in this column.*** | ***Do not edit information in this column.*** | ***Add this column and use it to record progress since last year’s application, on each key action step and expected outcome****.* |
|  |  |  |  |  |  |

## Goal 2:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Data Source and Evaluation Methodology** | **Person/Area Responsible** | **FY 2021 Progress**[**\***](#red) |
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|  |  |  |  |  |  |

## Goal 3:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Data Source and Evaluation Methodology** | **Person/Area Responsible** | **FY 2021 Progress**[**\***](#red) |
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|  |  |  |  |  |  |

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 3/31/2023. 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 hour 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](mailto:paperwork@hrsa.gov).