

Select Progress Report:

ec8c294d-8d51-4

Capital

[_]

f5736a6b-d649-4

COVID-19 Related Funding

[_]

f5736a6b-d649-4

PCHP

[_]

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Health Resources and Services
Administration****CAPITAL SEMI ANNUAL PROGRESS
REPORT (SAPR)****FOR HRSA USE ONLY****Organization:****Program:****Submission Tracking
Number:****Grant
Number:****Reporting Period:****DUNS Number:****UDS
Number:****Project/Grant
Period:****Contact Information**

0

Title	Name	Phone	Fax	Email
1	1/18/2019 4:25:4	0	50	31
				False

SF-PPR Page 1

0

8. Is this your final report?

ec8c294d-8d51-4

Yes

[_]

f5736a6b-d649-4

No

[_]

2	1/18/2019 4:26:0	0	50	30	False
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10. Performance Narrative

1	1/18/2019 4:26:00	0	50	32	False
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10a. Additional Patient Capacity

1	1/18/2019 4:26:00	0	50	40	False
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SF-PPR Page 3 Project Data

Project Type:	Awarded Amount*:	Total Estimated Award Amount:
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*The awarded amount may be different from the requested amount for the project.

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1. Project Status

Not Started

☐

Less than or equal to 50% Complete

☐

Greater than 50% and Less than 100% Complete

☐

Completed

☐

4	1/18/2019 4:32:50	0	50	5	False
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1a. Do the total project costs incurred reflect the approved budget for this project, and have all of the funds for this project been drawn down from the PMS account? HRSA recognizes that project budgets may change during the course of the project period. Any changes to the project budget should have been discussed with and approved by the assigned Grants Management Specialist.

☐

Yes

☐

No

2	1/18/2019 4:32:50	0	50	7	False
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If 'No' please explain 0 aba337f9-ac13-4k

1	1/ 18/ 2019 4:32:5	0	50	8	False
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 0**1b. Does the scope of work of the project reflect the scope of work as proposed by the grantee and approved by HRSA?** 0a9d5f38-b4e1-4k☐

Yes

 4c79c602-3746-4☐

No

2	1/ 18/ 2019 4:32:5	0	50	9	False
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If 'No' please explain 0 6105d698-aa80-4

1	1/ 18/ 2019 4:32:5	0	50	10	False
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 0**1c. Are you prepared to complete and submit the following forms and documents to HRSA (which will be requested through your Electronic Hand Book Grant Portfolio)?** d0d0f656-d458-4☐

Yes

 92f78542-abfd-49☐

No

2	1/ 18/ 2019 4:32:5	0	50	11	False
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If 'No' please explain 0 bb7c18a6-1dd0-4

1	1/ 18/ 2019 4:32:5	0	50	12	False
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 0**2. Project Specific Narrative**

1	1/ 18/ 2019 4:32:5	0	50	6	False
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SF-PPR Page 3a Project EVM Data

Project Type:

Awarded Amount*:

Total Estimated Award Amount:

*The awarded amount may be different from the requested amount for the project.

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1. Project Schedule

☐ On Time

[_]

☐ Behind Schedule

[_]

☐ Ahead of Schedule

[_]

3	1/18/2019 4:36:4	0	50	13	False
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	0
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1a. Is the project expected to remain behind schedule?

☐ Yes, I will provide a revised completion date and identify how the total estimated project cost will be affected in the text box provided.

[_]

☐ No, I will indicate how the schedule will get back on track and whether or not the total estimated project cost will be affected in the text box provided.

[_]

2	1/18/2019 4:36:4	0	50	16	False
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	0
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☐ 1. Original total estimated project costs:

1	12/20/2018 8:30	0	50	17	False
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	0
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☐ 2. Total estimated project cost (if revised):

1	1/18/2019 4:36:4	0	50	41	False
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	0
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☐ 3. Original project completion date:

1	12/20/2018 8:31	0	50	42	False
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	0
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3e76d574-6ad0-4		4. Revised project completion date:			
1	1/18/2019 4:36:4	0	50	43	False

1a. Explanations

		0				
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324c6cd6-ed2f-4					
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1	1/18/2019 4:36:4	0	50	19	False
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		0				
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1b. Is the project expected to remain ahead of schedule?

eeb4805b-0c66-4		Yes, I will provide a revised completion date and indicate whether or not the total estimated project cost will be affected within the text box provided.			
[_]					

baf5d085-2372-4		No, I will indicate within the text box provided that the project will be completed by the estimated project completion date.			
[_]					

2	1/18/2019 4:36:5	0	50	20	False
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		0				
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fc08ac2c-5e9d-4		1. Original total estimated project costs:			
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1	12/20/2018 8:31	0	50	44	False
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		0				
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a99e14ed-5295-4		2. Total estimated project cost (if revised):			
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1	1/18/2019 4:36:5	0	50	45	False
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		0				
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d17fca49-8add-4		3. Original project completion date:			
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1	12/20/2018 8:31	0	50	46	False
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		0				
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f48774dd-8e60-4		4. Revised project completion date:			
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1	1/18/2019 4:36:5	0	50	47	False
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1b. Explanations

		0				
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7b57fcc8-5ae4-46					
1	1/18/2019 4:36:5	0	50	23	False

	0
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2. Project Budget

32acb0c5-dbdd-4	On Budget
[_]	

b737230c-a3e4-4	Under Budget
[_]	

5488e550-1e8d-4	Over Budget
[_]	

3	1/18/2019 4:36:4	0	50	15	False
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	0
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2a. Will the project incur enough costs to allow for the drawdown of all the Federal funds by the project completion date?

2cf93d33-78ee-4	Yes, I will indicate in the text box provided the strategy to utilize the excess funds, if possible (i.e., purchase additional equipment).
[_]	

1d758299-d005-4	No, I will indicate in the text box provided that the grantee organization is aware that the remaining funds will be de-obligated.
[_]	

2	1/18/2019 4:36:5	0	50	24	False
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2a. Explanations

	0
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1	1/18/2019 4:36:5	0	50	25	False
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	0
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2b. Is the project anticipated to remain over budget for the completion construction schedule (i.e., the total project cost at completion will be greater than the original proposed budget)?

6b4f9e9a-ee62-4	Yes
[_]	

97aa4e92-924f-4	No, I will provide a revised plan/supporting documentation to identify when and how the budget will no longer exceed original budget estimates (which will be requested via EHB submissions).
[_]	

2	1/18/2019 4:36:5	0	50	26	False
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	0
2b.1. Will additional funds be secured, or have additional funds been secured, to allow for the completion of the project on time?	
☐	Yes, I will indicate within the text box provided the source(s) and amount(s) of funding that will be/have been secured.
☐	No, I will provide a timeline for adjusting the project scope to align with the adjusted costs within the text box provided.
2	1/18/2019 4:36:50 0 50 27 False
2b. Explanations	
	0
	0dc430b3-f59b-4
1	1/18/2019 4:36:50 0 50 29 False

SF-PPR Page 4 Project Closeout Data

Project Type:	Awarded Amount*:	Total Estimated Award Amount:
*The awarded amount may be different from the requested amount for the project.		
	0	
2. Square Footage Impacted		
	59ef8f43-43a5-46	2. Square Footage Impacted
1	5/23/2019 10:51 0 50 33 False	
Project Costs		
	0	
	2c9e0a12-2064-4	4a. Projected amount of HRSA funds proposed for this project
1	5/23/2019 10:51 0 50 34 False	
	0	
	64d43bfc-7594-4	4b. Actual amount of HRSA funds expended on the project
1	5/23/2019 10:51 0 50 35 False	
	0	
	34abeca6-4cbb-4	4c. Projected amount of non-HRSA funds i.e., state, local, and other funds - including

other federal funds - proposed for this project						
1	5/23/2019 10:51	0	50	36	False	
		0				
1e64a501-1072-4						
4d. Actual amount of non-HRSA funds expended on the project						
1	5/23/2019 10:51	0	50	37	False	
Project Completion Dates						
		0				
73f2ad5f-2a20-4a						
5a. Proposed project completion date						
1	5/23/2019 10:51	0	50	38	False	
		0				
3b9b9bef-b0f6-48						
5b. Actual project completion date						
1	5/23/2019 10:51	0	50	39	False	

COVID19 Progress Report						
Grant Number		Awarded Amount:				
		0				
1. Project Status						
5a6bef41-091f-43		Not Started				
[_]						
b5ac3250-47ad-4		Less than or equal to 50% Complete				
[_]						
193e0071-794b-4		Greater than 50% and Less than 100% Complete				
[_]						
23221972-a956-4		Completed				
[_]						
4	1/18/2019 4:32:5	0	50	5	False	
		0				
2. Please provide a status update on the activities supported with this funding in the following areas noted below (identify the activities that have been completed, are in progress, and/or are planned with this funding): (check all that apply)						

5a6bef41-091f-43	Staff and Patient Safety				
[_]					
b5ac3250-47ad-4	Testing				
[_]					
193e0071-794b-4	Maintaining or Increasing Health Center Capacity and Staffing Levels				
[_]					
23221972-a956-4	Telehealth				
[_]					
[_]	Minor A/R (when applicable)				
2	1/ 18/ 2019 4:32:5	0	50	7	False
	0				
3. Are the implemented/planned activities described above and associated uses of funds consistent with what you submitted to HRSA in the initial post-award reporting requirement response?					
0a9d5f38-b4e1-4	Yes				
[_]					
4c79c602-3746-4	No				
[_]					
2	1/ 18/ 2019 4:32:5	0	50	9	False
If 'No' please describe any new and/or updated activities. For changes that impact your approved budget, please provide detail by cost category.					
	0				
6105d698-aa80-4					
1	1/ 18/ 2019 4:32:5	0	50	10	False

	0
4. Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities?	
☐	Yes
☐	No
2	1/18/2019 4:32:5
0	50
11	False
If 'Yes' please describe.	
☐	0
☐	bb7c18a6-1dd0-4
1	1/18/2019 4:32:5
0	50
12	False

PCHP Progress Report	
Grant Number	Awarded Amount:
	0
1. Project Status	
☐	Not Started
☐	Less than or equal to 50% Complete
☐	Greater than 50% and Less than 100% Complete
☐	Completed
4	False
5	50
0	1/18/2019 4:32:5
2. areas noted below (identify the activities that have been completed, are in progress, and/or are planned with this funding): (check all that apply) funding in the following is activities supported with the provide a status update on thePlease	

5a6bef41-091f-43 PrEP Prescribing [_]					
b5ac3250-47ad-4 Outreach [_]					
193e0071-794b-4 Testing [_]					
23221972-a956-4 Workforce Development [_]					
2	False	7	50	0	1/18/2019 4:32:5

	0				
3. Are the implemented in the submitted to HRSA you consistent with what described above and associated uses of funds planned activities /original application?					
0a9d5f38-b4e1-4 Yes [_]					
4c79c602-3746-4 No [_]					
2	False	9	50	0	1/18/2019 4:32:5

If 'No' please provide detail by cost category. please provide budget, that impact your ap For changes . new and/or updated activities any describe

	0				
6105d698-aa80-4					
1	False	10	50	0	1/18/2019 4:32:5

	0
4. ?use of the funding and/or implementing the planned activities the barriers in or any issues or do you anticipate Are there	

d0d0f656-d458-4; Yes [_]					
92f78542-abfd-49 No [_]					
2	False	11	50	0	1/18/2019 4:32:5

if	0		' please describe.Yes'		
bb7c18a6-1dd0-4					
1	False	12	50	0	1/18/2019 4:32:5

	0				
1	False	6	50	0	1/18/2019 4:32:5

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 03/31/2023. 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.