

Progress Report – Quality Improvement Fund (QIF)

Introduction

This document contains a form for QIF award recipients to report on their project's progress. Award recipients will use this form to report information related to overall project implementation.

The questions in this form are intended to gather information on recipients' progress and are applicable to QIF topics across fiscal years. Grant recipients will share information about their progress towards project-specific goals and evaluative measures based on the QIF Notice of Funding Opportunity.

Progress Report

The following is a template for reporting on relevant activities based on your individual QIF project. Report on at least three, and no more than five, key activities each reporting period. You will describe your progress towards the activities and measures proposed in the proposed project plan form, indicating if the activity is outside of the original project plan.

Recipient Organization Name	Grant Number	Reporting Period

Activity 1	A. Description: Describe the activity and any progress achieved during the reporting period, indicating if this activity reflects a change to your proposed project plan form.
	Description of activity:
	Included in proposed project plan form? ☐ Yes ☐ No
	B. QIF Domain: Select or write in the QIF domain(s) the activity addresses.
	C. Status: Indicate the activity's status. If the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period.
	Activity Status: ☐ Completed ☐ In progress and on schedule ☐ In progress and timing is delayed ☐ Started but will not be completed in the reporting period
	D. Challenges: Describe any challenges you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.
	E. Successes: Describe any successes you experienced while implementing this activity. Include how these successes may have contributed or informed sustainable improvements to QIF project and/or health center organization.
F. New Discoveries/Unexpected Results: Are there any observations and/or trends you're noticing that show potential to scale across the Health Center Program? Any observations and/or trends that would not be a good idea	

	to scale up? Share any qualitative or quantitative data you think would be helpful to tell the story.
	G: Partnerships/Collaboration: Describe any new or existing relationships your organization has with other organizations (e.g., community-based, health centers, companies, etc.) as part of the QIF. Please describe the collaboration, any key themes and/or results, and how this collaboration impacts your project.
	H: Training and Technical Assistance (T/TA): Describe any additional T/TA needs your health center may need to support your QIF project.
	I: Additional Comments: Use this following section to elaborate on your activities and outcomes in any areas not captured in the questions above.

Activity 2	A. Description: Describe the activity and any progress achieved during the reporting period, indicating if this activity reflects a change to your proposed project plan form.
	Description of activity:
	Included in proposed project plan form? ☐ Yes ☐ No
	B. QIF Domain: Select or write in the QIF domain(s) the activity addresses.
	C. Status: Indicate the activity's status. If the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period.
	Activity Status: ☐ Completed ☐ In progress and on schedule ☐ In progress and timing is delayed ☐ Started but will not be completed in the reporting period
	D: Challenges: Describe any challenges you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.
E. Successes: Describe any successes you experienced while implementing this activity. Include how these successes may have contributed or informed sustainable improvements to QIF project and/or health center organization.	

	F: New Discoveries/Unexpected Results: Are there any observations and/or trends you're noticing that show potential to scale across the Health Center Program? Any observations and/or trends that would not be a good idea to scale up? Share any qualitative or quantitative data you think would be helpful to tell the story.
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	H: Training and Technical Assistance (T/TA): Describe any additional T/TA needs your health center may need to support your QIF project.
	I: Additional Comments: Use this following section to elaborate on your activities and outcomes in any areas not captured in the questions above.

Activity 3	A. Description: Describe the activity and any progress achieved during the reporting period, indicating if this activity reflects a change to your proposed project plan form.
	Description of activity:
	Included in proposed project plan form?
	☐ Yes ☐ No
	B. QIF Domain: Select or write in the QIF domain(s) the activity addresses.
	C. Status: Indicate the activity's status. If the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period.
	Activity Status: ☐ Completed ☐ In progress and on schedule ☐ In progress and timing is delayed ☐ Started but will not be completed in the reporting period
	D: Challenges: Describe any challenges you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.

	E. Successes: Describe any successes you experienced while implementing this activity. Include how these successes may have contributed or informed sustainable improvements to QIF project and/or health center organization.
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	H: Training and Technical Assistance (T/TA): Describe any additional T/TA needs your health center may need to support your QIF project.
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Activity 4	A. Description: Describe the activity and any progress achieved during the reporting period, indicating if this activity reflects a change to your proposed project plan form.
	Description of activity:
	Included in proposed project plan form? ☐ Yes ☐ No
	B. QIF Domain: Select or write in the QIF domain(s) the activity addresses.
	C. Status: Indicate the activity's status. If the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period.

	Activity Status: ☐ Completed ☐ In progress and on schedule ☐ In progress and timing is delayed ☐ Started but will not be completed in the reporting period
	D: Challenges: Describe any challenges you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.
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	H: Training and Technical Assistance (T/TA): Describe any additional T/TA needs your health center may need to support your QIF project.
I: Additional Comments: Use this following section to elaborate on your activities and outcomes in any areas not captured in the questions above.	

Activity 5	A. Description: Describe the activity and any progress achieved during the reporting period, indicating if this activity reflects a change to your proposed project plan form.
	Description of activity:
	Included in proposed project plan form? ☐ Yes ☐ No
	B. QIF Domain: Select or write in the QIF domain(s) the activity addresses.

	C. Status: Indicate the activity's status. If the activity is not complete, describe any progress you anticipate making on this activity during the next reporting period.
	Activity Status: ☐ Completed ☐ In progress and on schedule ☐ In progress and timing is delayed ☐ Started but will not be completed in the reporting period
	D: Challenges: Describe any challenges you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.
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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 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.