Award Recipient Name	Grant Number	BHCMIS ID	Reporting Period End Date	Tracking Number

	N/A	Awarded Amount	*(System populated data)*
1. Project Status	[ ] Not Started [ ] Less than or equal to 50% Complete [ ] Greater than 50% and Less than 100% Complete [ ] Completed		

2. Confirm which cancer type(s) that your AxCS project is addressing (check all that apply):

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Other

Provide additional information below *(maximum 2000 characters)*:

- If any of the selections above are different than what you proposed in your approved AxCS application, describe the change.
- If you selected Other above, list additional cancer type(s) targeted. Additionally, in your first and third biannual report, provide an attachment that includes the number and percentage of patients screened for each targeted Other cancer type by race/ethnicity.

3. Provide a status update on the activities supported with this funding under the following activity focus areas. Identify what activities within these categories have been completed, are in progress, and/or are planned with this funding: *(check all categories that apply; maximum 2000 characters)*

- Access and affordability
- Patient experience
- Screening
- Workforce development

Alternatively, you may attach your work plan with a new column showing activity status (completed, in progress, planned, and/or revising).

4. Are the implemented or planned activities described above and associated uses of the funds consistent with your AxCS approved application?

[ ] Yes [ ] No

If No, please describe. For changes that impact your approved budget, provide detail by cost category. *(maximum 2000 characters)*

5. 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 AxCS application?

[ ] Yes [ ] No

If Yes, please describe.

6. Attachment(s) (*attach other documents as needed or as instructed by the awarding Federal Agency*):

<<name of attachment(s)>>

In your first and third biannual reports, report the following data.

Measure	2022 Data (January 1, 2022-December 31, 2022)	2023 Data (January 1, 2023-December 1, 2023)
7. Number of adults assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal cancer screening test result.		
a. Cervical cancer		
b. Breast cancer		
c. Colorectal cancer		
d. Other (if you select Other in 2 above)		
8. Percentage of patients that you refer for care and treatment for whom you receive a report from the provider to whom the patient was referred.		
OMB Control Number: 0970-0334		

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.