**Progress Report due February 15, 2018**

**[Project/Agency Name]**

**Grant Outputs**

|  |  |  |  |
| --- | --- | --- | --- |
| Individuals Served \*Unduplicated | Month/Site | Total Project Monthly Expenses\*\* | Type of Services/Activities Delivered and Type of Individuals Served (Children or Adults) |
|  | August 2016 |  |  |
|  | September 2016 |  |  |
|  | October 2016 |  |  |
|  | November 2016 |  |  |
|  | December 2016 |  |  |
|  | January 2017 |  |  |

# *\*Please make sure you are reporting unduplicated numbers throughout the grant cycle. \*\*Please attach an accounting report detailing your HCHD Foundation CHF grant expenses for the past six months.*

# ● Grant Outcomes: Narrative

# *o Briefly summarize project activities addressing each project objective/goal/outcome as defined in the CHF proposal.*

# ● As a community partner, please state your role in advancing the mission of the Harris Health System. See [https://www.harrishealth.org/en/about-us/who-we-are/pages/default.aspx](https://www.harrishealth.org/en/about-us/who-we-are/pages/default.aspx%20) for details.

# ● Additional Guiding Questions:

# *o What is working well? What needs to be done differently?*

# *o What project circumstances were not anticipated?*

# *o Are project goals on target? If not, what changes need to be made to meet the stated goals?*

# ● Testimonials and Other information: *Feel free to include authentic voices, notes from participants reflecting how your project services/activities are contributing to client wellbeing and from staff as they reflect on their own experience partnering with Harris Health System and HCHD Foundation CHF.* *Please limit report to three pages.*