

**2017-2018 Progress Report Form**

The Qlarant Foundation (Qlarant) requests that the Grantee address each of these issues in submitting a quarterly report of activities**. INFORMATION PROVIDED MUST RELATE ONLY TO THE PROJECT/SERVICES SUPPORTED BY Qlarant GRANT FUNDS**.

|  |  |
| --- | --- |
| Agency Name:  |  |
| Name of Person Providing Report: |  | Grant Amount: |  |
| Email: |  | Phone: |  |

**Section A** Referring to the project/services that the agency said it would provide in the grant application, list one or more measurable goals for the services you will provide using the grant funds. State how you will measure each goal. Evaluate how the outcome improved your clients’ health/lives. *(The fields for entering information will expand to fit your content)*

|  |  |
| --- | --- |
| Goal 1: |  |
| Measure 1: |  |
| Outcome/Evaluation |  |
| Goal 2: |  |
| Measure 2: |  |
| Outcome/Evaluation |  |
| Goal 3: |  |
| Measure 3: |  |
| Outcome/Evaluation |  |
| Goal 4: |  |
| Measure 4: |  |
| Outcome/Evaluation |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B** | 1 Qtr | 2 Qtr | 3 Qtr | 4 Qtr | YearlyTotal |
| 1.Total expenditures of Qlarant funds this quarter: |  |  |  |  |  |
| 2. Total unduplicated clients served this quarter through Qlarant funding: |  |  |  |  |  |
| **OR** If reporting unduplicated clients is not a helpful benchmark for reporting the cumulative progress of your project please use question # 1 in **Section C** to provide data that better indicates this quarterly progress. |  |  |  |  |  |

**Section C**

1. If **NOT** reporting unduplicated clients in Section B, please use this space to provide data that better describes the progress of your organization’s use of Qlarant grant funds for each quarter. You will need to be consistent in using the same criteria each quarter and providing a cumulative total in your 4th quarter report as in the table in Section B.
2. Describe any changes/modifications in the scope of your project funded by Qlarant.
3. If grant funds were not used as projected this quarter, describe why this is the case and what the agency is doing to address this.
4. If there is a particular story about one of the clients served by the grant that illustrates the benefits of the program, please include it with this report.
5. Have you included a link to Qlarant’s website on your organization’s website?
6. Describe any challenge you had completing this report.
7. If you could write a “Wish List” for your program, what items would you include on the list and what would be the cost of each item?

**Section D**

Based on the budget for the project/services funded by Qlarant in your application, please provide an accounting for expenditures similar to the attached ***SAMPLE*** spreadsheet.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expenses****SAMPLE Expenses of your Qlarant Foundation Funded Project for Quarterly Reports** | **Budget** | **Quarter****1** | **Quarter 2** | **Quarter****3** | **Quarter 4** | **Yearly Total** |
| **Salary and Fringe** |  |  |  |  |  |  |
|  Nurse Educator | $16,000 | $4,000 |  |  |  |  |
| *Total Salary and Fringe* |  | 4,000 |  |  |  |  |
| **Travel** **Staff** **Patients (appointments)**SAMPLE |   3,000 1,000 |  500250 |  |  |  |  |
| *Total Travel* |  4,000 | 750 |  |  |  |  |
| **Office Supplies and** **Equipment** Brochures   |  4,000 | 4,000 |  |  |  |  |
| *Total Office Supplies and Equip* |  | 4,000 |  |  |  |  |
| **Patient Supplies** |  |  |  |  |  |  |
|  Glasses Over –the-counter drugs Prescriptions | 1,0001,0002,000 |  250 200 500 |  |  |  |  |
| *Total Patient Supplies* | 4,000 | 1,000 |  |  |  |  |
| **Total Expenses** | $28,000 | $9,750 |  |  |  |  |

|  |  |
| --- | --- |
| Prepared and Submitted by:  |   |
|  | *Name of Responsible Person* |

|  |  |  |
| --- | --- | --- |
| Qlarant Foundation Quarterly Report for | Date: |  |
| Name of Agency: |  |
| Signature: |  |
| Print Name: |  |
| Title: |  |