

**2020-2021 Progress Report Form**

The Qlarant Foundation requests that the Grantee address each of these issues in submitting a report of activities**. INFORMATION PROVIDED MUST RELATE ONLY TO THE PROJECT/SERVICES SUPPORTED BY QLARANT FOUNDATION 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** | 1st Period | 2nd Period | 3rd Period |  | Yearly  Total |
| 1.Total expenditures of Qlarant Foundation funds this period: |  |  |  |  |  |
| 2. Total unduplicated clients served this period through Qlarant Foundation 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 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 Foundation grant funds for each quarter. You will need to be consistent in using the same criteria each period and providing a cumulative total in your yearly total report as in the table in Section B.
2. Describe any changes/modifications in the scope of your project funded by Qlarant Foundation.
3. If grant funds were not used as projected, 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 Foundation’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 Foundation 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** | **First Period** | **Second Period** | **Third**  **Period** |  | **Yearly Total** |
| **Salary and Fringe** |  |  |  |  |  |  |
| Nurse Educator | $16,000 | $4,000 |  |  |  |  |
| *Total Salary and Fringe* |  | 4,000 |  |  |  |  |
| **Travel**  **Staff**  **Patients (appointments)** | 3,000  1,000 | 500  250 |  |  |  |  |
| *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 | 1,000  1,000  2,000 | 250  200  500 |  |  |  |  |
| *Total Patient Supplies* | 4,000 | 1,000 |  |  |  |  |
| **Total Expenses** | $28,000 | $9,750 |  |  |  |  |

SAMPLE

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

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