

## Example Grantee Organization

Report ID: 3847  
Grant ID: G-202108-04611

Due: August 1, 2021  
Report Type: Interim Report

### Report Status:

Draft

**Due On:** 8/1/2021

**Received Date:**

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### ▼ About the Organization

**Name:** Example Grantee Organization  
**Primary Contact:** Grantee User  
**EHF Program Officer:** Celene Meyer

### ▼ Grant Information

**Grant Title:**  
**Grant Amount:**  
**Grant Start Date:**  
**Grant End Date:**  
**Grant Extended:**  
**Report Due Date:** August 1, 2021  
**Report Received:**  
**Outcome:** O3: Activate Communities  
**Goal:** Goal 2  
**Strategy:** Strategy 6: Raise Community Voices  
**Project Type:** Communities, Organizations, Systems

### ▼ Grant Scope of Work & Aspired to Deliverables

▼ Systems Projects and Results

Amount of Grant Request allocated to this work:

Amount of project budget allocated to this work:

**What amount remains unspent to date:** \$0.00

This is the type of change you were seeking to develop/inform:

This is when anticipated policy or practice to be fully enacted:

These are the results you projected to achieve for this work during the grant period:

What new or added results will be achieved for both the organization and those you serve once the new capacity is in place?

**Are you on track to achieve the stated results?**

Population	Anticipated (from grant)	Progress to Date (if any)
Low income populations (defined as at or below 200% FPL)		
Racial/Ethnic minorities		
Women		
Children ages 0 - 3 years and their caregivers		
Rural populations		
Un or under-insured populations including Medicare beneficiaries		

▼ Communities Projects and Results

Amount of Grant Request allocated to this work:

Amount of project budget allocated to this work:

**What amount remains unspent to date:** \$0.00

This is the type of change you were seeking to develop/inform:

This is when anticipated policy or practice to be fully enacted:

These are the results you projected to achieve for this work during the grant period:

**Are you on track to achieve the stated results?**

Population	Anticipated (from grant)	Progress to Date (if any)
Low income populations (defined as at or below 200% FPL)		
Racial/Ethnic minorities		
Women		
Children ages 0 - 3 years and their caregivers		
Rural populations		
Un or under-insured populations including Medicare beneficiaries		

▼ Organizations Projects and Results

Amount of Grant Request allocated to this work:

Amount of project budget allocated to this work:

**What amount remains unspent to date:** \$0.00

This is the type of capacity you were seeking to build through this project:

This the specific type of project the funds will be used for:

This is the infrastructure and/or care process to be developed or enhanced:

This is when anticipated new capacity will be fully implemented:

These are the results you projected to achieve for this work during the grant period:

**Are you on track to achieve the stated results:**

Measures/Indicators	Anticipated (from grant)	Progress to Date (if any)
Number of participants to benefit once capacity is fully implemented		
Number of nonprofits to benefit once capacity is fully implemented		
Average annual increase in organization revenue once capacity is built		
Average annual cost saving for organizations once		

capacity is built

### ▼ Workplan Update

#### Type of Project (work) #1

Type of Project (Work):

Key Project Element or Critical Step:

Deliverable or Milestone:

Timing (Date to be Accomplished)

**Describe your progress to-date toward the anticipated milestone:**

**Estimate the percentage of completion for the milestone thus far (0% to 100%):** 0%

**Describe any challenges and/or problems that you have encountered as you work towards this milestone. Include planned or implemented solutions as well:**

#### Type of Project (work) #2

Type of Project (Work):

Key Project Element or Critical Step:

Deliverable or Milestone:

Timing (Date to be Accomplished)

**Describe your progress to-date toward the anticipated milestone:**

**Estimate the percentage of completion for the milestone thus far (0% to 100%):** 0%

**Describe any challenges and/or problems that you have encountered as you work towards this milestone. Include planned or implemented solutions as well:**

### ▼ Narrative

Here's the list of counties you anticipated serving with this grant

Brazoria

**What counties have you served to date with this grant?**

**We'd like to understand more about the work that this grant is supporting. Please provide a brief, concrete example or two of how work you accomplished over the last six months is strengthening the organization's position within the health system.**

Is there anything we can do to help you as you do your work?

▼ Documents

OPTIONAL ATTACHMENTS