

Charitable Healthcare Network  
Development Grants  
Six Month Report Form

1. Clinic Name:

2. Person Reporting:

3. Which funding opportunity are you reporting on?

\_\_\_\_\_ Technology Development Grant

\_\_\_\_\_ Quality of Care Development Grant

4. If you are reporting on the Quality of Care Development, which area of performance are you reporting on?

\_\_\_\_\_ Preventative Care

\_\_\_\_\_ Chronic or acute care

\_\_\_\_\_ Utilization measurers affecting health care costs

5. Using the measurement(s) and timeline created in your SMART goal(s), describe the progress made at this six (6) month benchmark.

6. Which activities detailed in your implementation plan have you completed? Where do you stand on your timeline?

7. Discuss the challenges you have encountered six months into this project. How have you handled these challenges?

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8. Provide a budget to actual spending report :

Expense Item	Amount Awarded	Amount Spent to Date	Balance