



### IPR2017 – Interim Progress Report

Submission: Deadline is 5:00 pm on May 5<sup>th</sup> & October 5<sup>th</sup> 2017

Questions?? Email Misti Charters at [info@twinfallshhealthinitiativestrust.org](mailto:info@twinfallshhealthinitiativestrust.org) or call 208-899-5262 or 208-410-3633

Report and receipts may be submitted hard-copy by mail or electronically to [info@twinfallshhealthinitiativestrust.org](mailto:info@twinfallshhealthinitiativestrust.org) or by fax to 888-445-0387

**\*\*NOTE: IF SUBMITTING BY HARD COPY ONLY, EACH GRANTEE MUST NOTIFY TFHIT BY EMAIL, PHONE OR FAX THAT REPORTS WERE SUBMITTED THROUGH USPS MAIL IN CASE OF DELIVERY PROBLEMS\*\***

**Organization Name:** \_\_\_\_\_ **Reporting Period:** \_\_\_\_\_ **to** \_\_\_\_\_

**Cumulative Project Expenditures:** Itemize expenditures related to activities completed for the project during this reporting period. The table below is meant to be cumulative (year-to-date) up to and including the reporting period that is being detailed. Be sure to itemize activities as they were budgeted in your original grant application, and complete all applicable boxes in the table below. **\*\*NOTE: Each grantee is REQUIRED to include all receipts and/or relevant records for all expenditures referenced in this reporting period & detailed in this report. Failure to provide reports and sufficient documentation for all expenditures on time will result in forfeiture of funding and disqualification from future funding cycles. TFHIT reserves the right to perform an audit of each grantee’s accounting of grant funding at any time.**

| Category     | Item Description | Initial Amount Granted | AMOUNT of FUNDS EXPENDED         |                                  |                      | Current Amount Remaining<br><i>(if any)</i> |
|--------------|------------------|------------------------|----------------------------------|----------------------------------|----------------------|---|
|              |                  |                        | 1 <sup>st</sup> Reporting Period | 2 <sup>nd</sup> Reporting Period | TOTAL:<br>YR TO DATE |   |
| Personnel    |                  |                        |                                  |                                  |                      |   |
| Fringe       |                  |                        |                                  |                                  |                      |   |
| Contractual  |                  |                        |                                  |                                  |                      |   |
| Travel       |                  |                        |                                  |                                  |                      |   |
| Supplies     |                  |                        |                                  |                                  |                      |   |
| Equipment    |                  |                        |                                  |                                  |                      |   |
| Other        |                  |                        |                                  |                                  |                      |   |
| <b>TOTAL</b> |                  |                        |                                  |                                  |                      |   |

**Project Progress Description:**

*Describe the progress of activities completed for the project to date. Be specific and refer to the objectives and activities that were outlined in your grant application. Include problems or obstacles that you are encountering and how you are addressing them. Also include a brief statement of your planned activities for the next reporting period.*

**Outline of Performance Measures:**

*Describe how you are measuring the outcome of your objectives. Be specific – describe how your organization tracks the data and expenditures; explain how you verify the results that have been achieved.*

**(TO BE COMPLETED for 2<sup>nd</sup> Reporting Period ONLY)**

**Funds Expenditure Progress:**

*If there are a large amount of funds that have yet to be expended, please describe how your organization will spend the funds prior to December 31, 2017.*



**Signatures:**

The undersigned certify that all project information stated above is true and accurate.

Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Administrator/Reporting Contact: \_\_\_\_\_ Date: \_\_\_\_\_