**Linkage to Care Enhancement Grant Report**

Linkage to Care Enhancement Grant

Version Date: March 2021

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| **Grantee Name:** |
| **Grant Number: 03420-[**Insert Grant Number Extension**]** |
| **Reporting Period** (select one)**:** [ ]  **March 1, 2021 - May 31, 2021** [ ]  **June 1, 2021 - August 31, 2021** |

**Instructions**:

Complete the following sections with the requested information regarding your organization’s Linkage to Care Enhancement Grant. This report is due according to the terms of your grant and must be submitted via email to AHS.VDHADAPGrants@vermont.gov and ahs.vdhod2a@vermont.gov

# Reporting Period **Successes**

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| **Please share brief, key successes your program has had during this reporting period**:  |

# Reporting Period **Challenges**

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| **Please share brief, key challenges your program has had during this reporting period**:  |

# Reporting Period **Progress Narrative**

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| **Please provide a detailed narrative of the progress your program has made during the reporting period.** *Note: Reporting on the Quantity and Quality Indicators included in ‘Table 1 - Performance Indicators’ and the requirements included in ‘Section 3: Required Services and Activities’ and of Attachment A of your grant is required*:  |