

VDH REPORTING TEMPLATE FOR VERMONT YOU FIRST GRANTEES

Submit this report via email as a Word document attachment to **your VDH grant manager**

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|--------------------------------|---|
| Grantee Name: | Report Submitted By <i>(name and email address):</i> |
| Grant Agreement Number: | Date Report Submitted: |
| Grantee Address: | Amount due: |

Reporting Period (Please check one)

- 07/01/2019 – 09/30/2019 (due 10/30/2019)
 10/01/2019 – 12/31/2019 (due 01/30/2020)
- 01/01/2020 – 03/31/2020 (due 04/30/2020)
 04/01/2020 – 06/30/2020 (due 07/30/2020)

Instructions: Please fill in requested deliverable items by checking the appropriate response box or written response in each text box under the deliverable task. Grantees are required to fill provide a response for each deliverable.

A. GRANT ACTIVITIES

| Deliverable | | |
|---|--|--|
| <p><u>Deliverable 1: Enrollment Report</u></p> <p>The Grantee will provide a quarterly enrollment report that the number of people enrolled in the program during the quarter.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">1.Number of You First members enrolled</td> <td style="width: 50%;"></td> </tr> </table> | 1.Number of You First members enrolled | |
| 1.Number of You First members enrolled | | |
| <p><u>Deliverable 2: Health Systems Intervention Plan</u></p> <p>At the end of the 1st work period the Grantee will submit the Health Systems EBI Implementation Plan with any necessary revisions including an updated Health System EBI Implementation Worksheet for FY20.</p> <p style="background-color: #f0f0f0; padding: 2px;"> <input type="checkbox"/> Completed and attached (work period 1) <input type="checkbox"/> Not applicable (work periods 2-4) </p> | | |
| <p><u>Deliverable 3: Health Systems Intervention Implementation</u></p> <p>The Grantee will submit a written quarterly Health Systems EBI Progress Report to the State that outlines the progress to date related to the Health Systems EBI Implementation Plan including any challenges, accomplishments, barriers to success, and corrective action taken.</p> <p style="background-color: #f0f0f0; padding: 2px; margin-top: 10px;">Click or tap here to enter text.</p> | | |
| <p><u>Deliverable 4A: Quarterly Breast Cancer Screening Rate Report</u></p> <p>In work periods 1, 2, 3 and 4 the Grantee will submit a quarterly Screening Rate Report that provides the breast cancer screening rate for each health clinic within the SMCS health system at which the EBI has been implemented using the template found in Appendix 3 –Screening Data Report.</p> <p style="background-color: #f0f0f0; padding: 2px; margin-top: 10px;"><input type="checkbox"/> Completed and attached</p> | | |

Deliverable 4B: Annual Clinic Data Report

In work period 4, the Grantee will submit the Annual Breast Cancer Clinic Data Report using the template found in **Appendix 4 – Annual Clinic Data Report**.

Completed and attached (work period 4) Not applicable (work periods 1,2 and 3)

Deliverable 5: Evaluation Report

The Grantee will submit a written quarterly Evaluation Report that includes the date, time and duration of each evaluation focused meeting:

Not applicable. No evaluation focused meetings in the reporting period
 The following evaluation focused meetings occurred during the reporting period:

| | |
|------------------------------------|--|
| 1. Date(s) of meeting(s) | |
| 2. Time and duration of meeting(s) | |

Deliverable 6: Quarterly Financial Reports-The Grantee will submit a Financial Report to the State within thirty (30) days of the close of each work period using the format included in Appendix 1-FINANCIAL REPORT TEMPLATE.

Please attach any documents to this report (i.e. Health System Interventions Plan, Quarterly Screening Data Report, etc.)

B. KEY ISSUES AND TECHNICAL ASSISTANCE NEEDS

Highlight specific challenges and needs facing your grant and any action taken For outstanding challenges and needs from previous quarters, re-list the issues and recommendations, and add actions taken, etc.

| Challenges/Needs |
|------------------|
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C. ADDITIONAL INFORMATION

Discuss any other information relevant to your grant

Click or tap here to enter text.

Reports are due at the end of each work period. Please see Attachment B of the Grant Agreement for the timetable of reporting on a project’s progress. If a progress report will be submitted late, please contact the State and

provide an anticipated delivery date. If the project has a scheduled payment, the payment will be held until the progress report has been received and approved.