ADDENDUM B

FY 2022-23 Quarterly Program Update Report
(For Grants Awarded 7/1/22-6/30/23)

Organization/Agency Name: ____________________________________________
Contact Person: _______________ Phone: _______________ E-Mail: ____________
Reporting Quarter (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>): _____ Date of Report: _____ Equipment Report: Y / N
Title of GHD-Funded Program: __________________________________________
Grant Amount: _______________ Term of Grant Agreement: ____________ to ________

<table>
<thead>
<tr>
<th>Objective</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Quarter</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Quarter</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Quarter*</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Quarter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal of unduplicated clients served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual number of unduplicated clients served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(Note – One time equipment reports can list the totals for the goal and the actual.)*

1. How did the program meet the goals of the grant and how did it specifically address the identified health need(s) during the quarter? If goals were not met, please explain.

2. Positive health impact in the community. (List or attach any specific outcomes other documentation that may be helpful.)

3. Any additional comments?