

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 (1st, 2nd, 3rd, 4th): _____ Date of Report: _____ Equipment Report: Y / N

Title of GHD-Funded Program: _____

Grant Amount: _____ Term of Grant Agreement: _____ to _____

Objective	1 st Quarter	2 nd Quarter	3 rd Quarter*	4 th Quarter	Total
Goal of unduplicated clients served					
Actual number of unduplicated clients served					

*(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?