

ADDENDUM A

FY 2023-24 Quarterly Program Update Report (For Grants Awarded 7/1/23-6/30/24)

Organization/Agency Name: _____

Contact Person: _____ Phone: _____ Email: _____

Reporting Quarter (1–4): _____ Date of Report: _____ Equipment Report: Y or 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					

**Quarterly goals for the grant year shall be established in the first quarterly report. If a client has been served in a previous quarter(s), they shall not be counted in the "actual number" for subsequent quarterly reports. **One time equipment reports can list the goal and actual totals in the 4th Quarter.*

1. 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. Please share an example of a positive impact that has been made within the community during this quarter. (Please feel free to include photos or any other supporting documentation.)

3. Any additional comments?