

**Los Medanos Health Care District  
2016 Fall Health Grant Funding Program  
Awardee Mid-Term Report**

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The final report is required prior to receiving the next scheduled grant payment and must be submitted to the Los Medanos Health Care District ("LMCHD") using this format.

Date Report Submitted: Award Amount:  Organization:  Program Title:  Contact Person, Email & Phone Number:		Date Award Contract Signed: Award Term From/To:	
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Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since you received this award?

Yes  
 No

If yes, please explain:

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***PROGRESS REPORT NARRATIVE***

***SECTION A***

**1. List program objectives as detailed in the introductory summary and project description sections of your funding application and the progress achieved:**

Objectives

Progress

**2. List measurable outcomes as detailed in the project evaluation section of your funding application and the progress achieved:**

Outcomes

Progress

<u>Outcomes</u>	<u>Progress</u>

**3. List the population(s) served by the project and the number of people served:**

Population(s) served

Number

<u>Population(s) served</u>	<u>Number</u>

**4. List unexpected developments, if any, that affected program operation:**

Development

Resolution/Status

<u>Development</u>	<u>Resolution/Status</u>

**5. Were there unanticipated results, either positive or negative, not already described? If yes, discuss implications, lessons learned and/or program changes planned as a result:**

Objective

Progress

<u>Objective</u>	<u>Progress</u>

2016 LMCHD FALL HEALTH AND WELLNESS PROGRAM

**LMCHD BUDGET**

**EXPENDITURE TO DATE OF  
LMCHD FUNDS**

<u>DESCRIPTION</u>	<u>Total Budget</u>	<u>DESCRIPTION</u>	<u>Total Budget</u>	
<b><u>PERSONNEL</u></b>	\$	<b><u>PERSONNEL</u></b>	\$	
<b><u>SERVICES &amp; SUPPLIES</u></b>	\$	<b><u>SERVICES &amp; SUPPLIES</u></b>	\$	
<b><u>FIXED COSTS</u></b>	\$	<b><u>FIXED COSTS</u></b>	\$	
<b><u>FACILITY USAGE</u></b>	\$	<b><u>FACILITY USAGE</u></b>	\$	
<b><u>OTHER OR IN-KIND</u></b> <i>(Please Describe)</i>	\$	<b><u>OTHER OR IN-KIND</u></b> <i>(Please Describe)</i>	\$	
<b><u>TOTAL BUDGET</u></b>	\$	<b><u>TOTAL EXPENDITURES</u></b>	\$	

**EXPENDITURE SUMMARY****SECTION B**

Cumulative account of LMCHD Health and Wellness award funds

Budget Item	Total Expenditures	Unexpended Award Funds
Salaries		
Equipment		
Supplies		
Other		
<b>Total</b>		

**EXPENDITURE DETAIL****SECTION C**

Detailed account of LMCHD Health and Wellness award funds spent this reporting period. Enter totals in Section B above. Add additional pages if necessary.

**SALARIES**

Position	Name	Hourly Rate	Hours	Salary	Total
<b>SALARIES TOTAL</b>					

**EQUIPMENT**

Item Description	Purchase Date	Quantity	Price per Unit	Total

Item Description	Purchase Date	Quantity	Price per Unit	Total
<b>EQUIPMENT TOTAL</b>				

**SUPPLIES**

Item Description	Purchase Date	Quantity	Price per Unit	Total
<b>SUPPLIES TOTAL</b>				

**OTHER COSTS**

Type of Expense	Purchase Date	Quantity	Price per Unit	Total
<b>OTHER COSTS TOTAL</b>				
<b>EXPENDITURES GRAND TOTAL</b>				

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**CERTIFICATION****SECTION E**

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Report prepared by:

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Print Name & Signature

Date

Phone

I certify all expenditures were for services required by the above-referenced contract and personally attest to the veracity of information contained in this report.

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Executive Director Signature

Date