

**Los Medanos Health Care District
2017 Summer Health Grant Funding Program
Awardee Final Report**

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:		Date Award Contract Signed:	
Award Amount:		Award Term From/To:	
Organization:			
Program Title:			
Contact Person, Email & Phone Number:			

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:

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>

2017 LMCHD SUMMER HEALTH AND WELLNESS PROGRAM

LMCHD BUDGET

**FINAL EXPENDITURE OF
LMCHD FUNDS**

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

EXPENDITURE SUMMARY**SECTION B**

Cumulative account of LMCHD Health and Wellness award funds

Budget Item	Total Expenditures	Unexpended Award Funds
Salaries		
Equipment		
Supplies		
Other		
Total		

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
SALARIES TOTAL					

EQUIPMENT

Item Description	Purchase Date	Quantity	Price per Unit	Total

Item Description	Purchase Date	Quantity	Price per Unit	Total
EQUIPMENT TOTAL				

SUPPLIES

Item Description	Purchase Date	Quantity	Price per Unit	Total
SUPPLIES TOTAL				

OTHER COSTS

Type of Expense	Purchase Date	Quantity	Price per Unit	Total
OTHER COSTS TOTAL				
EXPENDITURES GRAND TOTAL				

DOCUMENTATION

SECTION D

Attach copies of checks, receipts and other supporting documentation.

CERTIFICATION**SECTION E**

Report prepared by:

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.

Executive Director Signature

Date