Los Medanos Health Care District
District Sponsored Program
Awardee Final Report

The midterm 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

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

Population(s) served	Number

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

Development	Resolution/Status

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

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