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You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of this report, click Submit. If you're not ready to submit your report yet, click Save & Finish Later.

Before You Begin

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Before You Begin

- PLEASE REFER TO YOUR GRANT AGREEMENT WHEN COMPLETING THIS REPORT.
- Limit your use of bullets and other formatting.
- Copy and paste as needed. Log into your account at https://www.GrantRequest.com/SID_5776?SA=AM to access your saved Grant Narrative.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.
- Common troubleshooting steps for website issues are to clear your browser history and delete your browser cache and cookies.
- For any technical difficulties please contact Program Officer Matt English at Matt@fafcc.org

2018-2019 States Funds Grant First Progress Report

The Florida Association Free and Charitable Clinics (FAFCC) actively monitors projects funded by the State Funds Grant Program. Staff documents the accurate and timely submission of your progress reports and reviews and approves these reports. FAFCC wants to know about your progress toward achieving each of your approved grant projects included in your Grant Agreement, any successes or outcomes that have occurred as a result of your grant projects, any problems you have encountered and how these are being resolved, and any changes you would like to request concerning your projects and/or allocations.

This Grant Narrative Report, Patient Services Report, and Expenditure Documentation are due on Friday, December 14th, 2018 at 5:00pm EST. This form must be digitally signed by your clinic's or network's Project Liaison.

Upon completion of your Grant Narrative, you will receive an auto-reply email, confirming your submission. The Patient Services Report is not completed here and the link to the PSR Portal can be found on the Grant Reporting Tab of the FAFCC website (www.fafcc.org). Reallocation Requests are now be accepted on a rolling basis from December 1st to June 1st. The reallocation submission form can be found on the Grant Reporting tab. Please email your expenditure documentation to matt@fafcc.org and christina@fafcc.org.

Please note: Future grant payments are contingent upon successful and timely completion of this and later progress reports. Mailed copies will not be accepted. All grant expenditures must have documentation available, such as merchant receipts, pay stubs or payroll reports,

vendor contracts, etc. These do not need to be submitted with the Progress Report but must be kept on file with your executed Grant Agreement and be available for inspection during a FAFCC site visit or be submitted electronically upon request from FAFCC.

Organization Information

Organization Information

2018 Grant ID #
2018-100

* Name of Your Clinic or Network

Example

Grant Award
45000.0000

* Tax ID #

Example

* Fiscal Agent

Example

* Has there been any change to the corporate structure, mission, tax exempt status, or sovereign Immunity coverage of your clinic or network (and fiscal agent, if applicable) since your first progress report was submitted? If yes, please explain:

Example



Word count 1 of 500

Personnel Costs

If you were awarded in this budget category please complete both sections in full.

Financial Reporting

Personnel Costs Award Amount

Please Refer to your Grant Agreement for the Awarded Amount

Amount Spent During First Reporting Period

Grant Expenditures for Personnel Costs from 9/27/2018 - 11/30/2018

Remaining Balance of Personnel Costs

Click on the calculator icon below to calculate your remaining balance

0.00

List the purchases, payments, and expenditures (to the penny) that have been made from 9/27/2018 - 11/30/2018:

Narrative Reporting

Implementation: Describe the steps you have taken to implement the awarded budget category.



Word count 0 of 750

Outcomes: Please list each goal and objective (relevant to Personnel Costs) stated in your grant proposal and detail progress toward each using the same measurable indicator.



Word count 0 of 750

Evaluation: Have your methods of data tracking or evaluation changed during the grant period? If so, please explain.



Word count 0 of 750

Challenges: Have there been any challenges in completing the anticipated outcomes outlined in your grant proposal? Have you found the goals set to be realistic? What would you like to change to address any weaknesses?



Word count 0 of 750

Strengths: Please describe the project or program's strengths.



Word count 0 of 750

Operational Costs

If you were awarded in this budget category please complete both sections in full.

Financial Reporting

Operational Costs Award Amount

Refer to your Grant Agreement for the Awarded Amount

Amount Spent During First Reporting Period

Grant Expenditures for Operational Costs from 9/27/2018 - 11/30/2018

Remaining Balance of Operational Costs

Click on the calculator icon below to calculate your remaining balance

0.00 

List the purchases, payments, and expenditures (to the penny) that have been made from 9/27/2018 - 11/30/2018:

 ✓

Narrative Reporting

Implementation: Describe the steps you have taken to implement the awarded budget category.

 ✓

Word count 0 of 750

Outcomes: Please list each goal and objective (relevant to Operational Costs) stated in your grant proposal/grant agreement and detail progress toward each using the same measurable indicator.



Word count 0 of 750

Evaluation: Have your methods of data tracking or evaluation changed during the grant period? If so, please explain.

Word count 0 of 750

Challenges: Have there been any challenges in completing the anticipated outcomes outlined in your grant proposal? Have you found the goals set to be realistic? What would you like to change to address any weaknesses?

Word count 0 of 750

Strengths: Please describe the project or the program's strengths.

Word count 0 of 750

Programmatic Costs

If you were awarded in this budget category please complete both sections in full.

Financial Reporting

Programmatic Costs Award Amount

Refer to your Grant Agreement for the Awarded Amount

Amount Spent During First Reporting Period

Grant Expenditures for Operational Costs from 9/27/2018 - 11/30/2018

Remaining Balance of Programmatic Costs

Click on the calculator icon below to calculate your remaining balance

0.00 

List the purchases, payments, and expenditures (to the penny) that have been made from 9/27/2018 - 11/30/2018:



Narrative Reporting

Implementation: Describe the steps you have taken to implement the awarded budget category.



Word count 0 of 750

Outcomes: Please list each goal and objective, relevant to programmatic costs, and detail progress towards each using measurable indicators as outlined in your grant proposal.



Word count 0 of 750

Evaluation: Have your methods of data tracking or evaluation changed during the grant period? If so, please explain.



Word count 0 of 750

Challenges: Have there been any challenges in completing the anticipated outcomes outlined in your grant proposal? Have you found the goals set to be realistic? What would you like to change to address any weaknesses?



Word count 0 of 750

Strengths: Please describe the project or the program's strengths.

Word count 0 of 750

Conclusion

2019 Conference Award

Total award for 2019 FAFCC Conference Registration

Please note that conference fees cannot be expensed at this time; this award cannot be applied to the 2018 Conference retroactively.

Overall Outcomes

* Additional Outcomes (please respond to any of the following that apply):

1. Did this funding enable your organization to accomplish something it would not have been able to do otherwise?
2. Have there been any unexpected outcomes or learning -- positive or otherwise?
3. Has additional funding been leveraged as a result of this grant? Please provide details.
4. If this is a grant funded direct service, please share a patient/participant success story.

Example

Grant Changes and Spend-Down

* Grant Changes: Have there been any changes -- or do you anticipate any changes -- in the use of funds or activities that were originally outlined in the grant proposal and budget? Please include a description of any organizational changes, including changes in key leadership.

Example

* Given your organization's current progress and expenses at the end of the first reporting period, is your clinic and/or network confident in its ability to spend all remaining funds by June 30th, 2019?

Yes

Affirmation of Accuracy

Grant Balance

The below balance of your State Funds Grant reflects the expenses reported in the Project Narratives Tab. If this balance is incorrect according to your records, please make the appropriate corrections in the previous tab.

Total Amount Spent in First Reporting Period (09/27/18-11/30/18)

0.00

Remaining Balance of Grant Award (As of November 30th, 2018)

0.00

* By selecting Yes, I affirm that the reported expenses in this progress report are accurate and ready for review by FAFCC.

Yes

Expenditure Documentation Statement of Compliance

Please note, the submission of all expenditure documentation from 09/27/18-11/30/18 is to be emailed to matt@fafcc.org and christina@fafcc.org as a require component if this progress report This may include but is not limited to payroll, invoices, and receipts. FAFCC reserves the right to request the submission of expenditure documentation at anytime.

* Please choose the statement that best reflects your clinic's or network's ability to submit receipts, statements, or other documentation for FAFCC inspection for each of the expenditures listed in your project narrative(s).

Our clinic or network has either done so already or will be emailing proper expenditure documentation by the reporting deadline

Signature

* I, the Project Liaison, hereby certify that all of the information contained in this progress report is true and accurate to the best of my knowledge by typing my name below.

Example

Save & Finish Later

Submit