

**Los Medanos Health Care District  
2018-2019 District Sponsored Program  
Awardee Midterm & Final Reporting**

**Please designate: Midterm  Final**

The 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>

2018-2019 LMCHD DISTRICT SPONSORED PROGRAM

**LMCHD BUDGET**

**FINAL EXPENDITURE 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 District-Sponsored award funds

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

**EXPENDITURE DETAIL**

**SECTION C**

Detailed account of LMCHD District-Sponsored 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>				

**DOCUMENTATION**

**SECTION D**

Attach copies of checks, receipts and other supporting documentation.

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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