The most current form can be found at [Periodic Report Form [doc]](http://www.qualityhealthfoundation.org/grant-central/forms/documents/QHF-Quarterly-Report-111715.doc)

**INFORMATION PROVIDED MUST RELATE ONLY TO THE PROJECT/SERVICES SUPPORTED BY QLARANT FOUNDATION GRANT FUNDS AND NOT PROJECTS OF SERVICES FUNDED BY OTHER SOURCES**. You do not need to not provide information beyond that requested in this report form unless it is of vital importance.

**Directions for Section A:**

In this section, please report up to four goals that your non-profit has established for the project or services Qlarant Foundation is funding for the grant year. We expect these goals to be the same as in your application for funding. The goals will be the same for all quarters so as to demonstrate improvement through the grant year towards achievement. If you have any questions as to how this fits your organization or grant please contact Glennda Moragne El before sending in your first report - moragneelg@qlarant.com or 410-804-7550.

|  |  |
| --- | --- |
| Goal 1: | In this line please state a measurable goal.  Example: “85% of clients will have a primary care physician” or “100% of families will have had a visit to their home from the care coordinator.” |
| Measure 1: | In this line state how you will measure this.  Example: “Case manager will document completion of required paperwork for each client to be enrolled in a primary care practice” or “Care coordinator will document date and time of visit to home of family.” |
| Outcome/  Evaluation | In this line state achievement of goal in this period.  Example: “25% of clients now have a primary care physician” or Care Coordinator has visited 25% of clients in this quarter.” |

**Directions for Section B:**

In this section, we would like to see the progression of funds spent and clients served with the number stated for each separate period and then added together in the final report for the total for the grant year. Please note that if reporting client data is not a helpful benchmark for reporting the cumulative progress of your project please use question #1 in **Section C** to provide data that better indicates this.

**Directions for Section C:**

1. For reporting data as an alternate to reporting client data in Section B, #2.
2. Please communicate any changes to the scope of your project here. We recommend contacting Glennda Moragne El by phone in advance of completing the form to bring her up to date on these changes which we understand do occur for unforeseen reasons. Contact Glennda if you have any questions about how to convey this information.
3. We are delighted to hear one story in each quarterly report that is an example of a success related to the goals of your project.
4. We would like to know that you credit Qlarant Foundation for its support in your publicity.
5. We would like feedback on the challenges your organization has to fill out this form as specified and would be pleased to have recommendations for improving it as a communication tool.

**Directions for Section D:**

We would like to see your expenses only for the project/services Qlarant Foundation has funded. If, for example, your grant from Qlarant Foundation is specifically for the salary of a nurse, you would report the expenditure of grant funds for only the nurse for each period.