**Appendix B**

**STATE OF MAINE**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**COVID-19 Community Resilience**
**Grant Funding Opportunity**

**for Community Based Organizations**

**Quarterly Progress Report Template**

**PURPOSE**

This template provides the information that will be collected on a quarterly basis on project progress as it relates to the CBO’s Work Plan for the COVID-19 Community Resilience Program. *This information will be submitted as an electronic form for better aggregation. A form will be sent on a quarterly basis to organizations to complete. The questions will reflect the information below.*

**INSTRUCTIONS**

Report on each of the following prompts by entering responses in the fields below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting Period:**  | **☐** 1/1 – 3/31/23  | **☐** 4/1 – 6/30/23  | **☐** 7/1 – 9/30/23  |
| **☐** 10/1 – 12/31/23  | **☐** 1/1 – 3/31/24  | **☐** 4/1 – 5/31/24  |
| **Name of Organization (Lead)**  |      |
| **Contract Number**  |     |

**COMPONENT A: Healthy communities**

Report on your activity under your work plan for Component A below

Estimated # of Individuals (Unduplicated) Reached During Past Quarter Per Activity:

|  |
| --- |
| **Report on last quarter activities**  |
| **Estimated # of Individuals (Unduplicated) Reached During Past Quarter under “Healthy Communities” activities:** |     |

| **Quarterly Updates** |
| --- |
| **Grant Progress:** | *Describe overall progress toward work plan goals*   |
|   |
| **Successes:**  | *Describe all successes in the last quarter toward work plan goals*   |
| **Challenges:** | *Describe all challenges in the last quarter toward work plan goals*  |
| **Steps to Overcome Challenges:** | *Describe any steps taken or planned steps to overcome challenges described above*  |
| **Support Needed** | *Describe any support requests for OPHE (optional, for example: technical assistance needs, one-on-one support, request for site visits, etc.)*   |

**COMPONENT B: Vaccine Equity**

Report on your activity under your work plan for Component B below

|  |
| --- |
| **Report on estimates from last quarter activities** |
| **# of events hosted where vaccines were available:**  |  |
| **# of community members who you directly assisted in receiving a COVID-19 vaccine** |   |
| **# of community members who you provided COVID-19 vaccination education to** |  |

| **Quarterly Updates** |
| --- |
| **Grant Progress:** | *Describe overall progress toward work plan goals*   |
|   |
| **Successes:**  | *Describe all successes in the last quarter toward work plan goals*   |
| **Challenges:** | *Describe all challenges in the last quarter toward work plan goals*  |
| **Steps to Overcome Challenges:** | *Describe any steps taken or planned steps to overcome challenges described above*  |
| **Support Needed** | *Describe any support requests for OPHE (optional, for example: technical assistance needs, one-on-one support, request for site visits, etc.)*   |