

COVID19 Progress Report

Grant Number	Awarded Amount:
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1. Project Status	
<input type="checkbox"/>	Not Started
<input type="checkbox"/>	Less than or equal to 50% Complete
<input type="checkbox"/>	Greater than 50% and Less than 100% Complete
<input type="checkbox"/>	Completed

2. Please describe the status of activities supported with the funding in the following areas noted below (identify the activities that have been completed, are in progress, and/or are planned with this funding): (check all that apply)	
<input type="checkbox"/>	Staff and Patient Safety
<input type="checkbox"/>	Testing
<input type="checkbox"/>	Maintaining or Increasing Health Center Capacity and Staffing
<input type="checkbox"/>	Telehealth

<input type="checkbox"/>	Minor A/R (when applicable)
<input type="checkbox"/>	

3. Are the implemented/planned activities described above and associated uses of funds consistent with what you submitted to HRSA in the initial post-award reporting requirement response?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If 'No' please describe any new and/or updated activities. For changes that impact your approved budget, please provide detail by cost category.

4. Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If Yes, please describe.

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid u03/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.