



Grant Project Interim Report

Submitted: MM-DD-YYYY

Basic Information

Please verify/provide basic information about the project

Grant Request ID:	20_____
Name of organization:	UMHMF Grantee
Title of project:	Healthy Kansans
Amount of grant:	\$_____
Report period start:	MM-DD-YYYY
Report period end:	MM-DD-YYYY

Report Preparer Information

Name:	
Title:	Program Coordinator
Address:	100 Main
City, State, Zip:	Ourtown, KS 12345
Phone:	123-456-7890
Fax:	
Email:	email@grantee.org

Note: the above email address is where the automatic confirmation will be sent upon report submission. If left blank, you will not receive an email confirmation message after submitting.

Purpose of Project

Describe the overall purpose of the project and its specific goals.

Confidential? N/Y

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Objectives and Progress

Please outline the specific goals of the project and progress toward those goals during this grant period.

Would you characterize progress at this point as ahead of schedule, as expected, or behind schedule? Explain briefly.

Confidential? N/Y

Problems, Challenges, and Solutions

Describe any significant problems / challenges encountered during the report period and how these were managed. If possible, offer suggestions for how similar problems could be avoided.

Confidential? N/Y

How Can We Help?

Is there any assistance that would be helpful to you in this grant project?

Plans for the Next Six Months

What are the project plans for the next six months?

Confidential? N/Y

Anything Else You Want Us to Know?

If there is anything else you would like us to know, please enter it here.

Attachments

If you have photos and/or stories that illustrate the work of this grant which could be used for a public report on the grant, please email those to:

Budget Details

Project Income Sources:								
	Year 1		Year 2		Year 3		All years total	
Income Source:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Health Fund Grant	\$	\$	\$	\$	\$	\$	\$	\$
Totals: (all sources)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$

Income Item Variance Explanations (if applicable):

#1:

Project Expenses:								
	Year 1		Year 2		Year 3		All years total	
Expense Item:	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>	<i>Actual</i>	<i>Budgeted</i>
1 Expense	\$	\$	\$	\$	\$	\$	\$	\$
Totals: (all sources)	\$	\$	\$	\$	\$	\$	\$	\$

Expense Item Variance Explanations (if applicable):

#1:

Budget - Balances

Note: these balances are calculated based on income and expense lines to help you check for potential errors.

Balances: Year 1 Actual: \$ Year 2 Actual: \$ Year 3 Actual: \$

Total surplus or deficit (-) all years: \$

General financial comments or notes: use this field if you have any general comments pertaining to the grant budget/finances:

General financial comments/notes:

After review of this report, staff will respond to you via email or phone. **Please allow up to several weeks for a response. Thank you!**
