



## Healthy Carolinians Partnership Support Initiative (Round II) REPORT INSTRUCTIONS

### CONTACT INFORMATION

Provide the following information with your report:

- Name of grantee organization
- Name of Healthy Carolinians Partnership (if different)
- Contact person for the Partnership
- Mailing address
- Telephone
- Email

### REPORT QUESTIONS

Provide answers to the questions below. Please review your grant application prior to completing. You may separate your answers by simply indicating the question number (Q1, Q2, Q3).

**Question 1-** Please provide a brief description of the past year for the Partnership. What were the Partnership's major accomplishments? Were there any significant changes or developments for the Partnership?

**Question 2-** What is the Partnership's progress towards its vision for sustainability and growth as stated in the application? Are you on track to meet the milestones stated in the application? If not, please explain the issues and state specifically what you are doing to get back on track.

**Question 3-** This initiative requires \$5,000 of matching funding (not in-kind) each year. What was your source of matching funding for the past year? Did the Partnership secure any funding from new sources during the past year? If so, please explain. *[For Interim Reports only]* What are your plans to secure the matching funds in the remaining grant year(s)?

### EXPENDITURE REPORT

Provide a report of actual expenses and actual income for the Partnership for the past year. This report should be in a similar format as the budget submitted for the application.

### SIGNATURES

The expenditure report should be signed by the Executive Director of the grantee organization. No other signatures are required.