**FY 2017 Flex Supplement End-of-Year Report**

Grant Specific Term: *The Flex Supplemental project will require a mid-year report and final report. Reports are due 60 days after the end of the reporting period.*

*Due October 30, 2018: end-of-year report detailing project results, methodology, challenges, outcomes for each participating CAH, including related outcome measures as a result of this supplemental funding opportunity. Further instructions will be provided by your project officer.*

Please use this template for completing Flex Supplement End-of-Year Report. Upload the following files to the Electronic Handbooks (EHB) reporting task: **1) completed template 2) work plan with activity status updates for every hospital**.

The end-of-year report should provide a brief summary of the activities completed by each CAH, any changes to the work plan; please explain uncompleted activities and unspent funds. For CAHs whose activities are ongoing, please provide a brief explanation and a timeline for completion.

Update approved work plan to show current status of planned activities for every hospital. If the work plan is in table format, **add a column heading for *End-of-Year Update*** and provide the status of each work plan activity scheduled in the reporting period. If the work plan is in paragraph format, **add a paragraph heading for *End-of-Year Update*** and provide the status of each work plan activity scheduled in the reporting period.

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| --- | --- | --- | --- | --- | --- |
| **State** | **Program** | **Grant Number** | | **Total Supplemental Award Amount** | |
| Enter State | **Flex** | **H54RH-**00000 | | **$** 000,000 | |
|  | | | | | |
| **For budget period ending:** | | | **8/31/2018** | | |
|  | | | | | |
| **Amount of FY 17 supplemental award spent at end of the current budget period: (use best estimate)** | | | | | **$** 000,000 |
|  | | | | | |
| Have data reports been submitted to TASC for every hospital? If not, please explain.  Enter text here.  Provide a brief status update for planned activities for each CAH. Were all activities completed? Were there any challenges impacting completion of work? | | | | | |
| Enter text here. | | | | | |
| Explain any project delays or other changes from the approved work plan. | | | | | |
| Enter text here. | | | | | |
| Were there any budget issues (i.e. staffing, travel, contracts) for any participating CAHs impacting the work plan timeline or the ability to drawdown related financial resources as planned? | | | | | |
| Enter text here. | | | | | |