**FY19 SHIP Quarterly Progress Report**

*Complete and submit via HRSA’s EHB.*

**Grantee Name:** **Grant #:**

**Grant Specific Term:** Due to incomplete projects and/or a substantial unobligated balance, grantee will provide to the HRSA project officer, via EHB, a Quarterly Report on progress of approved work plan activities, including detail on expenditure of all grant funds during the quarter.

**This report covers the reporting period from (check appropriate box):**

[ ] June 1-Aug 30 **(due Sept 30)** [ ] Sept 1-Nov 30 **(due Dec 30)**

☐Dec 1-Feb 28 **(due Mar 30)** [ ] Mar 1-May 31 **(due June 30)**

1. **Quarterly Expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | ApprovedBudget | PriorExpenses | Expenditures this Quarter | Total Spent to Date | Balance Remaining |
| Personnel |  |  |  |  |  |
| Fringe |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Contractual |  |  |  |  |  |
| Indirect |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

1. **Status of Work Plan Activities**

Please respond to the following and submit along with the approved **FY 19** SHIP Work Plan to the Electronic Handbook (Submissions Module). If the work plan is in table format, you may add a column heading for *Quarterly Update* and provide the status of each work plan activity scheduled in the reporting quarter. Explain incomplete and postponed activities. If the **FY19** Work Plan is in paragraph format, you may add a paragraph heading for *Quarterly Update* and provide the status of all activities in the reporting quarter.

1. **Were there any challenges impacting completion of work during the quarter?**
2. **Were there any significant changes to project staffing?**
3. **Are there any budget concerns?**
4. **SHIP Coordinator Contact info:**

 Name: Email: