**FY18 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 15)** [ ]  Sept 1-Nov 30 **(due Dec 15)**

[ ]  Dec 1-Feb 28 **(due Mar 15)** [ ]  Mar 1-May 31 **(due June 15)**

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 18 SHIP Work Plan to 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 FY18 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: