#### FAFCC STATE FUNDS GRANT REPORTING

#### **Organization Information**

Has there been any change to the corporate structure, mission, tax exempt status, or Sovereign Immunity coverage of your clinic or network (and fiscal agent, if applicable)? If yes, please explain:

## **Narrative Reporting**

This section should sufficiently document the extent to which the funded grant objectives are being accomplished and how those objectives contribute to the overall enhancement of organizational capacity and functioning.

List name, title, and date of hire/assignment to grant projects for any personnel being funded (partially or fully) through the State Funds Grant. If you do not receive personnel funding, you may enter N/A.

Outputs: Describe the steps you have taken to implement the awarded funding. Include activities and scope of work related to your original grant proposal.

Outcomes: List each goal and objective stated in your grant proposal, and detail progress made to date. Describe how these outcomes contribute to the overall enhancement of organizational capacity and functioning.

Describe any project highlights and programmatic accomplishments made possible by this grant funding. In particular, how has this funding enhanced your organizational capacity, effectiveness, and/or efficiency?

Share any additional information, including unexpected outcomes, positive learning experiences, additional funding you have leveraged as a result of this grant, or a patient success story from this reporting period.

Challenges: Have there been any changes, or do you anticipate any changes, in the use of funds, activities, or measurement methods that were originally outlined in the grant proposal and budget? Include any challenges experienced as well as a plan for addressing these.

### **Expense Reporting**

Provide a detailed list of items funded/purchased this quarter. Complete all fields for each line item, then select "Add Expense" for it to be added to the expense table and calculated in your Total Amount Spent/Remaining Balance.

Date Expensed can be the first applicable date if it is a recurring expense. Amount Spent by FAFCC Funding is how much you are applying to this grant for that item. Amount Spent by Other Sources should reflect any remaining cost covered by other funding. (Example: If 60% of a \$100,000 salary will be applied to this grant, enter \$60,000 as Amount Spent by FAFCC Funding and \$40,000 as Amount Spent by Other Sources.)

- Category
- Date Expensed (or Initial Date For Personnel)
- Line Item Description
- Vendor/Payee
- Service Type
- Designation Area
- Amount Spent by FAFCC Funding
- Amount Spent by Other Funding Sources

#### **CRM Licensing**

An invoice for this expense is sent directly from FAFCC in December and is accounted for separately. This amount should not be reported in the expense table.

CRM Amount Awarded: CRM Amount Paid:

#### **FAFCC Conference Award**

The award amount listed below must be expensed towards the 2026 Annual Conference and must be paid before June 30. Registration will open on the FAFCC website by June. This amount is accounted for separately and should not be reported in the expense table.

Conference Amount Awarded: Conference Amount Paid:

# **Expenditure Documentation**

Attach documentation for each of the line items included in your expense table, using the following naming convention: "Grant ID - Expenses." Whenever possible, combine all documentation into a single file. Attachments should be organized and clear so that each expense can be easily matched to the corresponding line item.

Upload files and then click "Save" at the bottom of the page to display files in the table below.