**Interim Report due March 31, 2019**

**Project Title:**

**Grant Amount:**

**Contact Person and Title for this report:**

**Phone Number/Email Address:**

Rest Haven Children’s Health Fund views these reports as a valuable learning tool for assessing the overall impact in the community of its grant funding process and requests your honest feedback as to the successes and challenges your agency faced in meeting your goals for this grant.

Provide the project goals and objectives stated in the original grant request and then report on the progress made on each of those goals and objectives to date.

For those goals and objectives that have not been met according to the timeline stated in the original grant request, please explain the steps you will take to address the issue and whether you anticipate the project will reach the goals and objectives within the timeline stated in the original grant request.

Please state the total amount awarded by Rest Haven and the amount of any matching grant (if applicable) and then state the current status of project spending according to the budget submitted and include the breakdown of expenditures to date.

Describe any challenges your agency has faced in meeting the project’s goals and objectives according to the timelines submitted in your grant request. Provide a description of what steps are being taken to address any such challenges.

Please indicate any staff changes of those involved in managing the grant project along with their titles and contact numbers and if and how these changes have affected the progress of the grant.