**Rural North Carolina Allied Health Careers Initiative:**

**A Demonstration Model**

Phase 2: Project Implementation Report Form

**Instructions:** Please submit the narrative, updated matrix and financial reports according to the following schedule:

|  |  |
| --- | --- |
| **Reporting Periods – Project Implementation**  | **Report Due Date** |
| 1. **Month 1 – Month 2**
 | ***Month 3 on the 15th***  |
| 1. **Month 3 – Month 4**
 | ***Month 5 on the 15th***  |
| 1. **Month 5 – Month 7**
 | ***Month 8 on the 30th***  |
| 1. **Month 8 – Month 10**
 | ***Month 11 on the 30th*** |
| 1. **Month 11 – Month 13**
 | ***Month 14 on the 30th*** |
| 1. **Month 14 - Month 16**
 | ***Month 17 on the 30th*** |
| 1. **Month 17 – Month 19**
 | ***Month 20 on the 30th*** |
| 1. **Month 20 – Month 22**
 | ***Month 23 on the 30th*** |
| 1. **Month 23 – Month 25**
 | ***Month 26 on the 30th*** |
| 1. **Month 26 – Month 28**
 | ***Month 29 on the 30th*** |

All reports must be submitted electronically to (*Name here*), *(email* *address here)* by the report dates indicated above.

**Grant applicant:**

**LEAD CONTACT PERSON and ORGANIZATION:**

**ADDRESS:**

**TELEPHONE NO.:**

**FAX NO.:**

**E-MAIL ADDRESS:**

**REPORTING PERIOD: \_\_\_\_ \_\_\_ to \_\_\_\_**

**DATE SUBMITTED: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Rural Allied Health Pipeline Initiative**

**Implementation Report Form**

1. ***Summarize your Partnership’s activities this quarter.***
2. ***Describe your lessons learned in the following areas:***
* ***Organizational effectiveness/Partnership operations***
* ***Employer engagement***
* ***Project model implementation***
1. ***Describe any challenges you have experienced this quarter, and how you are addressing those challenges.***

**3)a. *Please state the number and percentage of participants who dropped out of training during this report period. Please describe the contributing factors and ways the model could be altered to address these needs.***

**3)b. *Please state the number and percentage of program dropouts who re-enrolled in the project. Please describe the factors that contributed to their re-enrollment.***

1. ***Briefly state your goals for the next quarter.***
2. ***Use the matrix attached to the evaluation to update project goals, objectives and outcomes. The matrix is intended to serve as the action plan and timeline for the Partnership. It is important to update progress on meeting major goals, partner roles and other critical objectives of the project. See sample Work Plan Update Matrix (Appendix D).***
3. ***Describe your Partnership’s actions to develop sustained funding for the initiative. Include any challenges and how you are addressing those challenges.***
4. ***List any areas where you would like technical assistance.***
5. ***Complete the statistics sheet (Appendix B) and submit with this report.***
6. ***Please update the budget form to include this quarter and submit with this form. (Appendix C)***