

Quarterly Report Survey:

All fields are required unless otherwise noted.

Organization Name

Project Name

Process

1. Please describe the progress you have made toward achieving the clinical measures reflected in your LOA (i.e. curriculum development, outreach, data analytics, etc.) (250 words or less)
2. Are you on track with your program?
 - a. Yes
 - b. No
3. Please highlight key milestones of your progress (250 words or less)
4. How much of our grant funding have you applied toward the program budget?
5. Please attach a current budget report with line-item detail reflecting expenses covered by funds received through this grant.

Metrics and Outcomes

For this section, please refer to sections 8 and 9 of our executed Letter of Agreement (LOA) to report against established program outcomes.

6. You selected the following Program Goal and corresponding metrics: [auto-filled from application]
7. At this quarterly mark, how many participants have you reached specifically through the grant-funded program? Please provide context for the number you have selected. (150 words or less)
8. How many participants have achieved your primary metric so far? Please provide context for your answer, including how your metrics were evaluated (i.e. medical records, participant surveys) and how they compare to your established baseline. (150 words or less)
9. How many participants have achieved your secondary metric(s) and/or additional organization metrics so far? Please provide context for the number you have selected. (150 words or less)
10. Based on the responses to questions 6-8, are you on track to reach the target number of individuals reached and the target number of individuals achieving primary and secondary metrics during the grant period? If not, please explain.

Social Determinants of Health

11. Please explain how your efforts impacted the social determinant(s) you selected in your application. (150 words or less)

Health Equity

12. At this quarterly mark, how has your progress with program implementation advanced health equity for communities of color and the most socially vulnerable? (150 words or less)
13. How has your progress with program implementation broken down barriers and bridged equity gaps for communities of color and the most socially vulnerable? (150 words or less)

Communications and Awareness

14. Please provide a list of any communications that have been sent regarding this grant and include links if available. This can include press releases, blogs, op-eds, and social media posts.
15. Are you on track with the communications deliverables outlined in the LOA? If not, please explain.
16. Please share any outstanding success stories from participants in this grant-funded program. (Please note that we might choose to feature these stories but will ask permission first. Names do not need to be included.) (150 words or less)
17. You may include a digital photo album link to showcase the work of this grant. You can email up to (3) jpeg images to foundation@elevancehealth.com (Please only send photos that you allow Elevance Health Foundation and all our local subsidiaries to use in our communications.)

Contact Information

18. First Name
19. Last Name
20. Title
21. Telephone
22. Email