Minnesota Department of Health

# Grantee Quarterly Progress Report

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| Basics | | | | | |
| **Grantee Name:** |  | | | | |
| **Date:** |  | | | | |
| **Reporting Period:**  *Oct 1, 2024 – Dec 31, 2024*  *Jan 1, 2025 – Mar 31, 2025*  *Apr 1, 2025 – Jun 30, 2025*  *Jul 1, 2025 – Sep 30, 2025* |  | | | | |
| **Person Completing Report:** |  | | | | |
| Progress towards workplan Goals  *Please record your progress towards workplan goals throughout the year in the appropriate column. Make sure to carry over* | | | | | |
| **Goals** | ***Oct24 – Dec24*** | ***Jan25 – Mar25*** | ***Apr25 – June25*** | ***Jul25 – Sept25*** | ***FFY25 Total*** |
| *Insert Workplan Goal #1* | *Insert # reached Oct - Dec* | *Insert # reached Jan - Mar* |  |  | *Total # reached so far in FFY25* |
| *Insert Workplan Goal #2* |  |  |  |  |  |
| *Insert Workplan Goal #2* |  |  |  |  |  |
| Narrative  *Please record your responses to the following prompts below, as applicable. You are not required to report on activities that were not relevant for you during the reporting period and you may not always have a response for each section.* | | | | | |
| **Major activities during this period:**  Provide a description of your organization’s grant activities during the quarter. You might report on major activities related to the following, as applicable:   * Participants: *Activities related to recruitment, retention, etc* * Fidelity and Adaptations: *Activities related to monitoring fidelity and/or curriculum adaptations.* * Evaluation and Data Collection: *Activities related to evaluation process and data submissions* * Collaboration/Partners: *Describe any new or established partnerships or collaborative efforts.* * Training: *Describe any training activities for staff.* |  | | | | |
| **Describe any challenges related to the areas addressed above:**  *Describe any deviations or departures from the original project plan including actual/anticipated delays in task completion dates, and unique problems encountered or expected. Use this report section to advise the Grant Manager of resolution or actions taken to resolve the challenges presented during the reporting period as well as requests for support to address challenges.* |  | | | | |
| **Dissemination activities:**  *Briefly describe project-related dissemination activities carried out over the reporting period such as presentations at conferences, published newspaper/newsletter/magazine articles or other published materials relevant to project activities or used for public relations purposes. Itemize and attach a copy of any relevant materials.* |  | | | | |
| **Organizational issues (i.e. hiring, staff changes, etc.):**  *Briefly describe any organizational (i.e. staffing and personnel, policy and procedures) and planning team issues that affected the management of the grant during the reporting period.* |  | | | | |
| **Technical assistance and training:**  *Describe any issues, functions, or processes that your organization needs addressed through technical assistance, training, conferences, or on-site visits.* |  | | | | |
| **Equity-related activities:**  *Describe any activities conducted during the reporting period that address or advance equity as part of this project.*  *The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.* |  | | | | |
| **Share a success**  *Describe something that went well for you this quarter so we can celebrate your work!* |  | | | | |
| **Activities planned for next reporting period:** |  | | | | |
| **Other questions, issues or concerns:** |  | | | | |

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Please name file with organization name and date range for the report and send to [Emily.McDowell@state.mn.us](mailto:Emily.McDowell@state.mn.us). For example:

**“FFY25 Quarterly Report\_ ABC Clinic Oct24 – Dec25”**