

# Program Reporting Overview – Major Grants

## Submission Requirements

Reports are to be submitted via email to the attention of:

Greg M. Lanza  
Senior Coordinator  
Infectious Disease Bureau  
Boston Public Health Commission  
Email address: glanza@bphc.org

Progress Reports are to be submitted by 5:00pm on the following dates:

*Progress Reports  
are due by the 15th  
of the month  
following the end of  
the reporting  
period.*

Progress Report Period	Reporting Period	Due Date
1	Jul 1 - Sept 30	Oct 15, 2020
2	Oct 1 - Dec 31	Jan 15, 2021
3	Jan 1 - March 31	April 15, 2021
4	April 1 - June 30	July 15, 2021

### **Note:**

Each progress report should reflect only those activities conducted during the first three months included in that quarter. While the first progress report is due on October 15, it should only cover activities which occurred between July 1 and September 30. All data for the period must be entered by the reporting due date for Progress Reporting to be considered compliant. Monthly data must be entered 15 days after the close of the reporting month.

## Program Narrative Instructions

***The narrative should focus on Community Based Prevention funded program activities. If the program is part of a larger effort funded by multiple sources, you may describe the overall effort for context. However, clearly delineate activities funded by the Education & Outreach Office.***

Providers are expected to provide a detailed description of recent Community Based Prevention funded activities in the narrative portion of the progress report. Please organize your narrative using the following outline to ensure that it completely meets our requirements.

### **Update of Progress on Goals and Objectives**

Describe your progress on meeting the outcomes as described in your Scope of Services. Please include actual numbers for each outcome over the three-month period in the required Scope of Service Tracking Log and attach to the report.

### **Update on Program Status**

Provide an update on the status of the program, the services you are delivering and any additional changes in program status. Please provide actual numbers based on the approved workplan (e.g. # of sessions conducted, number of clients served by intervention type, number of tests conducted, etc.).

### **Update on Personnel Status**

Provide an update on any staff changes, plans for hiring new staff, changes in supervisory structure, etc. Please also note if and when there are no staff changes. Include any professional trainings that Community Based Prevention-related staff have attended. NOTE: please do not wait until submission of the report to inform us of staffing changes. These should be reported in writing to your Program Coordinator as soon as they occur.

### **Description of Problems and Challenges**

Discuss any challenges the program faced, how you met the challenges, and how these difficulties affected your program. This section should place special emphasis on problems that directly affect your program's ability to carry out the goals and objectives listed in your Scope of Service.

### **Description of Emerging Needs**

Describe any additional needs that your target populations have that are not being met. This section may additionally include any of your program's needs, i.e. what would better enable your program to achieve its goals and objectives?

### **Progress on Plan of Corrective Action**

If you have been cited by the BPHC and were instructed to submit a Plan of Corrective Action—either during a site visit or due to a contract-specific situation—you must include a description of your progress addressing the approved plan. You must continue addressing this issue in each report until such time as the citation has been officially lifted by the BPHC.

### **Miscellaneous**

Provide any other additional information that is relevant to your program and to the BPHC's understanding of your program.

A *sample* narrative can be found on the following page.