



**Medication Assistance Grant Reporting Form
General Instructions**

- Following are MeHAF's reporting requirements for Medication Assistance Grantees:
 - The due dates of the interim and final reports for Medication Assistance Grantees are addressed in section 5 of your contract. If you have any questions or concerns about your report or its due date, please contact the Grants Associate.
 - Narrative and final reports shall be completed in compliance with the Foundation's instructions on forms created by the Foundation. These are available on the MeHAF website at www.mehaf.org.
 - Grantee shall retain copies of all reports in its files for a period of not less than four (4) years after expiration of the Period.
 - Future funding from the Foundation is conditional upon the receipt of timely and acceptable interim and final narrative and financial reports.
- Submit three copies of completed reports by regular mail to:

Catherine Luce
Grants Associate
Maine Health Access Foundation.
150 Capitol St., Suite 4
Augusta, ME 04330

Reports may be submitted electronically in IBM format to cluce@mehaf.org as well, but hard copies must be sent to the Foundation.

Medication Assistance Grant Reporting Form

Medication Assistance Grant Report

Please address each question in the appropriate area of the table below.

Grantee Information

Medication Assistance Grant Reporting Form	
Grantee Organization:	
Grant Number:	
Project Title:	
Total Grant Amount:	
Project Director:	
Project Director Job Title:	
Organization:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone:	
Fax:	
E-Mail:	

1. Update us about your organization. Please note any significant organizational changes or challenges that have occurred since your interim report, such as changes in project staffing. If none, state "none."

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2. In narrative form, describe the implementation of the project addressing the following questions (add extra rows if necessary):

- Discuss the programs key goals and objectives.
- What activities were undertaken to meet the goals and objectives?

3. What was the implementation timeline for these activities, and how has that been adjusted as you implemented the project?

- What factors have facilitated the implementation of your plan?
- What factors have hindered the implementation of your plan?

4. Tell us more about your work on this project.

- What has been your greatest success?
- What has been your biggest challenge?
- Have there been any ripple effects from this project (for you, your organization, or collaborators)?

5. What role are collaborators playing in your program (and how is this different than you planned)?

6. How have you used the data and information being collected for the evaluation to inform your project's development?

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7. How has this project strengthened the health care safety net for uninsured and underserved Mainers?

8. How did the project advance MeHAF's mission of promoting "affordable and timely access to comprehensive, quality health care" and to "improve the health of every Maine resident?"

Financial Report

Please fill out the Medication Assistance Grants Financial Report Form (an EXCEL spreadsheet), inserting numbers from the budget submitted with your application in the "Budget" columns, and actual financial results in the "Actual" columns. Please tell us how your organization spent its MeHAF grant funds AND the total project expenditures. If needed for clarity, please attach a brief budget narrative to the Financial Report form.