

**The Foundation for Community Health
Narrative Grant Reporting Form
Interim Report**

Date: _____

Grant # _____

Name of Organization: _____

Title of Program/Project: _____

1. Do you feel that you will be able to meet your stated goals and objectives as outlined in your proposal?
 - a. If not, why? (Discuss barriers or challenges are you facing as you move forward with this project.)
 - b. Describe what changes you would make to your original plan to better succeed in meeting these goals and objectives.(Discuss how you are addressing or overcoming these barriers or challenges).
 - c. How would these revisions affect your projects timeline?

2. Please use this opportunity, as necessary, to further expand on issues or report on specific outputs and outcomes listed on the logic model report form.