

**Jesse Parker Williams Foundation, Inc.  
Health Services Initiative  
2011 Progress Report Guide**

Your organization was awarded funds by the Jesse Parker Williams Foundation, Inc. (JPWF) for the 2011 *Health Services Initiative*. Your work and services are important to us and we want to learn from your progress, as well as from your challenges.

A written progress report, data table and a report of your expenditures to date related to the work and budget you proposed through June 30, 2011 is due by July 29, 2011. A second report, including expenditure information and data summary for annual activity from January 1 through December 31, 2011 is due by January 31, 2012.

The narrative portion of the progress report should be brief and should not exceed three 8.5"x 11" pages, with one-inch margins and 12-point type. Please number the pages and include the organization name on each page.

An expenditure table based on the budget you submitted and the amount approved is required. A sample budget table is included on page 4. A participant data table similar to the one provided, on page 3, is also required.

**Foundation Priorities:** Priority areas, most of which relate to primary care, include:

- a. the integration of primary care and mental health services;
- b. primary care for children and/or women;
- c. mental or behavioral health services;
- d. dental care;
- e. family planning services for women of childbearing age;
- f. interconceptional care for women of childbearing age;
- g. health services to assist or enable women at-risk for nursing home placement to live in a non-institutional environment or community setting;
- h. *resident centered* nursing home services;
- i. hospice services and/or end-of-life care.

**Identifying Information:** Include the following identifying information. If the CEO has changed since November 2010, please note the change.

Organization Name and Program Name (if different):	
Name and title of Person Completing this Report:	
Contact Phone Number:	Contact E-mail Address:
Start date of this reporting period: _____ to June 30, 2011	

**Narrative Progress Report:** Please address the following questions. Bullet responses are acceptable. Please note the question or the question number.

1. Which JPWF priority best matches the work your organization is doing?
2. What specific health services are you providing with your JPWF grant?
3. In the proposal you submitted to the Foundation, you listed three objectives you would use to determine the success of this project. You also advised data elements you intended to gather to measure your success. Please list each objective and provide the data (and

source) for your experience to date. If you report percentages, please also include the numerator and the denominator.

4. Are you pleased with what your organization has achieved thus far? If so, why? If not, what corrective action will you take to assure each objective is met?
5. How do you determine eligibility for services? Has this changed in the past year?
6. How often is eligibility confirmation required?
7. How many patients/clients have been provided care using Foundation funds in this reporting period? This should match the data on Table 1.
8. Have you billed insurance, Medicaid, Medicare and/or clients for services provided through programs supported by JPWF? If yes, please provide total year to date receipts on Table 2. If not, why not?
9. How do you propose investing revenue earned as a result of the JPWF award?
10. Please attach the sliding fee scale used during this reporting period. Provide income levels and fee discounts by income level and family size. (The sliding fee scale and income level documents are not included in the page count.)
11. Has the work progressed as planned? If not, please describe variations and strategy changes.
12. Has the current economic situation impacted your organization and the clients you serve? If yes, how? Please be specific.
13. Do you currently have a waiting list for services? If yes, in weeks how long is it to the next appointment for a new client? Is a waiting list for your services typical? Please discuss demand, managing the waiting list and your capacity.
14. Describe obstacles or challenges you faced in implementing this work and describe how you are working toward resolution.
15. Did your organization use the JPWF funds in the way your proposal outlined? If not, please explain variations and the causes.
16. How do you assure care provided by your organization is of high quality?
17. What are the most pressing problems facing your organization or the clients you serve? What steps are you taking to reduce or resolve the problems?
18. In 2011, have you provided services to women known to be Veterans? If so, how did you identify them as Veterans? What services did women Veterans receive from you? Approximately how many female Veterans did you serve?

Please provide a copy of materials developed as a result of the JPWF award, as well as any donor listings acknowledging the grant. Please also provide other *brief* reports that help tell the story of your work, such as progress reports provided to your Board of Directors or management team.

**Participant Data and Budget and Expenditure Tables:**

Complete the following participant served table. Provide the numbers of clients served using the JPWF award during the above time period. If the number served is 10% less than the number projected, please explain why.

Activity From: \_\_\_\_\_ To: \_\_\_\_\_  
 (date) (date)

Table 1 - Participant Data					
Program Participants	Race			Ethnicity	
	African American or Black	Caucasian	Other	Hispanic or Latino	Not Hispanic or Latino
<b>Males</b>					
0 - 5 years					
6 to < 12 years					
<b>Females</b>					
0 - 5 years					
6 to < 12 years					
Aged 12 - 17					
Aged 18 -19					
Aged 20 - 44					
Aged 45 - 64					
Aged 65 - 74					
Aged 75 - 85					
Aged 86 +					
<b>Totals:</b>					

**Note:** Data by the age breakouts above or by breakouts routinely used by your organization. Data on participants served by gender, race and ethnicity are required. JPWF funds can not be used to serve males 12 and older.

The total by Race and the total by Ethnicity should match.

Complete the budget and expenditure table below for the program supported by the JPWF. Identify the total amount approved by the Foundation for 2011 in column 2. Column 4 should be the amount of JPWF funds expended year to date. Please explain variations in expenditures versus projected budget amounts.

**Table 2 - Budget and Expenditures**

Activity From: \_\_\_\_\_ To: \_\_\_\_\_  
 (date) (date)

Category	Total Annual Amount Budgeted (Column 1)	Amount JPW Foundation Awarded (Column 2)	Total Expenditures Year to Date (Column 3)	JPWF Funds Expended - Year to Date (Column 4)
Personnel (list by position)				
Fringe benefits				
Equipment				
Supplies - office				
Supplies - medical				
Lab				
Pharmacy				
Contractual Services				
Travel				
Rent				
Other (Specify)				
Other (Specify)				
<b>Total</b>				

Program receipts:	\$	
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**Note:** *Program receipts* related to services provided as a result of funds awarded by the Foundation must be re-invested in approved program related activities. Program receipts include fees paid by patients, Medicaid, Medicare, other insurance payments, government contracts and other sources. Please enter the total year to date receipts in the space above. Please provide your brief proposal for using these funds in the narrative section in response to question 9.