

Progress Report Cover Sheet Instructions

THE COVER SHEET MUST BE ATTACHED TO THE FRONT OF ALL PROGRESS REPORTS

The following general instructions explain how to fill out the Progress Report Cover Sheet.

Item	Entry
Section 1. Organization Information	Enter information of funded organization
1a. Grantee Organization Legal Name	Enter official legal name of the organization submitting the Progress Report. Do not use abbreviations. <i>Examples:</i> (*) <i>The University of Texas at El Paso (UTEP)</i> (*) <i>Ciudadanos Organizados por el Desarrollo Integral de las Comunidades de Cd. Juárez (CODIC)</i>
1b. Project Title	Enter the title assigned to your project
1c. Executive Director/Official	Enter full legal name of organization's director/official <i>Examples:</i> (*) <i>Dr. John Doe</i> (*) <i>Lic. Juan Perez</i>
1d. Title	Enter persons official work title <i>Examples:</i> (*) <i>Chief Executive Officer</i> (*) <i>Director</i>
1e. Address	Address must be a complete official mailing address of the organization.
1f. City/State/Zip	Please enter complete information
1g. Telephone 1h. Fax	Please include area code
1i. E-mail	Enter Director's/Officials direct email address
1j. Website	Enter the organizations official web page address
Section 2. Program Contact Information	Enter all relevant information of individual responsible for administering the project
2a. Check if same as Organization Information	Please check box if applicable
2b. Name	Enter name of person responsible of managing project
2c. Title	Enter title of person responsible of managing project <i>Example:</i> (*) <i>Project Coordinator</i>
2d. Address	Enter address of person managing project
2e. City/State/Zip	Please enter complete information
2f. Telephone 2g. Fax	Please include area code
2h. E-mail	Enter e-mail address of person managing project
Section 3. Report Schedule	Enter all relevant information
3a. Due Date	Enter assigned report due date. Due dates may be found on MOA
3b. Report Type	Indicate if report is : <i>Progress & Financial Report or Financial & Final Report</i>
3c. Contingencies	Check "Yes" if payment is dependent upon report approval Check "No" if no payment is pending
3d. Progress & Financial Reports Should Be Sent To	Paso del Norte Health Foundation
3e. Attention	Enter name of PdNHF initiative Program Officer
4. Payment Information	Enter all relevant information of person responsible for accounts receivable items related to the project
4a. Check if same as Organization Information	Please check box if applicable
4b. Mailing Address for Check	Address must be a complete official mailing address
4c. City/State/Zip	Please enter complete information
4d. E-mail	Enter e-mail address of person managing financial payment
4e. Contact Person for Questions About Payment	Enter name of person responsible of managing financial payments
4f. Telephone	Please include area code
Section 5. For Foundation Use Only	Do not write below this line.

This cover sheet must be attached to the front of all progress reports.

Please type or print legibly

1. Organization Information:

a. Organization Legal Name: _____

b. Project Title: _____

c. Executive Director/Official: _____ d. Title: _____

e. Address: _____ f. City/State/Zip: _____

g. Telephone: _____ h. Fax: _____

i. E-mail: _____ j. Website: _____

2. Program Contact Information: a. Check if same as Organization Information.

b. Name: _____ c. Title: _____

d. Address: _____ e. City/State/Zip: _____

f. Telephone: _____ g. Fax: _____ h. E-mail: _____

3. Report Schedule:

a.	b.	c.	
Due Date	Report Type	Contingencies	
		Yes	No
		Yes	No

d. The grant progress and financial reports should be sent to: Paso del Norte Health Foundation

e. Attention: _____

4. Payment Information: a. Check if same as Organization Information.

b. Mailing address for check: _____

c. City/State/Zip: _____ d. E-Mail: _____

e. Contact person related to payments: _____ f. Telephone: _____

•.....• **5. For Foundation Use Only**•

GOAL #: _____

Program Officer: _____

Funding start date: _____ End date: _____

Funding Cycle: _____ Date approved: _____

Date report received: _____

Report Complete: Yes No

Missing: _____

Ref. #: _____

Reviewed & Approved by: _____ Date: _____

1. Rec'd, date stamped & initialed _____
2. PS: update status in GIFTS _____
3. PS: reviews financial report _____
4. PS: notes financial notes & Comments in GIFTS _____
5. PS: forwards PR w/financial report notes/comments to PO _____
6. PO: reviews PR narrative _____
7. PO: notes determination in GIFTS, forward to scan/file _____
8. PO: remove pymnt. Contingency _____
9. PS: stamp/scan, forward for filing _____