

# 2022 - Healthy Communities Delaware - Community Funding - PROGRESS REPORT

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*Delaware Community Foundation*

## *Organization Information*

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### **Primary Organization Name**

*Character Limit: 250*

### **Proposal Name:**

*Character Limit: 100*

### **Contact Person's Name**

*Character Limit: 250*

### **Contact Person's Email**

*Character Limit: 254*

### **Contact Person's Phone Number**

*Character Limit: 9*

## *Instructions*

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Please complete the questions below. Feel free to use bullets or narrative. If you have prepared a report for another funder that addresses the below questions, you may upload that report instead of completing this form (please see upload option below). Please feel free to reach out to your HCD liaison at any time!

## *Progress Report*

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### **Project Name:**

*Character Limit: 150*

### **Amount Awarded**

*Character Limit: 20*

### **Report Submission Date:\***

*Character Limit: 10*

**Reporting Period Start Date:\***

*Character Limit: 10*

**Reporting Period End Date:\***

*Character Limit: 10*

**Activities:\***

Please describe the activities completed during the reporting period. Please refer to your action plan.

*Character Limit: 5000*

**Outputs:\***

What were the outputs for the reporting period? Please refer to your action plan.

*Character Limit: 5000*

**Additional Data or Stories:\***

How is HCD funding and/or resources impacting your organization or the residents in your community? Are there additional data or stories about your work or people impacted that you would like to share?

*Character Limit: 5000*

**Overcoming Challenges:\***

Please describe any challenges or delays in action plan activities and how they were (or will be) addressed. For any delays, please note the current status and an updated timeline for completion.

*Character Limit: 5000*

**HCD Improvement:\***

What is working well with regard to the support (e.g., network building, liaison support, evaluation support, communication support, conference support) that your organization receives from HCD? What could be improved, and how? How can we better support your work?

*Character Limit: 5000*

**Report Effort:\***

About how long did it take you and your team to complete this report? Please include the time needed to reference other documents and/or data, draft and review the content and submit the report in your time estimate.

*Character Limit: 5000*

**Closing Thoughts:\***

Feel free to share any requests, opportunities, or information that you want us to know.

*Character Limit: 5000*

### **Upload Another Report:**

If you are uploading another report, please type N/A in the fields above.

*File Size Limit: 3 MB*

### **Additional Supporting Documents (OPTIONAL):**

Quotes or Testimonials, Pictures, etc.

*File Size Limit: 15 MB*

**Thank you for your dedication to creating healthy, safe, and vibrant communities. We value you, your work, and the opportunity to collaborate!**