

# Grantee Quarterly Report

Project Name: Rural Provider Access and  
Affordability Stimulus Grant Program

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Due Jan. 10, 2024

Submitted to: State of Colorado, Health Care Policy &  
Financing (HCPF) Agency

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### Overview & Instructions

The Department of Health Care Policy and Financing requires that all Rural Stimulus Grant Program grantees submit a Quarterly Report no later than the 10<sup>th</sup> day of the month following the end of each quarter.

This report aligns with State rule 10 CCR 2505-10 8.8000, ensuring that grantees maintain compliance with both state and federal requirements. This rule requires reports include: a brief narrative, itemized expenditures, and performance metrics data. Details for what to include in the quarterly report is outlined below. **This first quarterly report will be due no later than Jan. 10, 2024.**

If you did not invoice or have activities in any quarter, please still fill out the report to the extent possible.

## 1. Agency and Project Summary

The Subrecipient will provide the hospital name, the person completing the form and contact information, and the reporting quarter/year.

Field	Answer
Hospital Name	
Grant Agreement #	
Person Completing the Form	
Contact Email Address	
Reporting Quarter & Year	Quarter Ending 12/31/2023
Date the Report Completed	Date

The Subrecipient will also provide a high-level one-paragraph project summary so that any new readers/reviewers of the quarterly report will have some context as to the project and the scope of the work. This overview can remain the same throughout the project.

Field	Answer
High-level one-paragraph summary of the engagement with HCPF so that any new readers/reviewers of the quarterly report will have some context as to the project and the scope of the work	

Does this project include capital expenditures?<sup>1</sup>

<sup>1</sup> Expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life ([2 CFR 200.1](#)).

## 2. Narrative Response

This response will capture the activities, tasks, and status of the project for the quarter. Please answer the following questions:

Topic	Direction	Narrative Response
Activities	Summarize the activities that your team completed in the preceding quarter to advance the project. Tie these to project goals and objectives and any metrics/measurements where appropriate.	
Upcoming Project Tasks	Summarize the activities that the team plans to complete in the subsequent quarter.	
Status of Deliverables	Describe activities to date and how they tie to the required provisions of your grant agreement scope of work. Provide any indication of whether longer-term project goals and objectives are on track, at risk, or need additional support.	

Topic	Direction	Narrative Response
Risks and Issues	Identify any risks or issues related to the quarter's activities, whether it is related to project tasks, timelines, or deliverables. Please include any planned or recommended actions to address risks.	
Required Decisions	Identify any decisions or other items needed from HCPF contacts to keep your work moving forward. The description should identify timing needs as related to HCPF decision-making.	
Billing/ Financial Information	Use this section to describe any deliverables that are being submitted and billed with this report. <ul style="list-style-type: none"> <li>• Include the description of the deliverable as well as the dollar amount to be invoiced.</li> <li>• In addition, this section will describe an estimated billing amount for deliverables that will be submitted and billed the following month.</li> </ul>	
What else would you like to share about your project, organization, or the grant?		

**3. Itemized Expenditures. Not applicable Quarter Ending 12/31/23 because no Grantee invoiced for expenditures.**

**4. Required Data and Statistics**

HCPF requires the collection of project-specific data for the project. Use as much space as needed; answers are allowed to flow into the next page. Please answer the following questions:

**Performance Metrics - Service lines or Clinics**

Question	Answer
Number of <u>upgraded, re-established, or enhanced</u> service lines or clinics	
Number of <u>new</u> service lines or clinics	

**Performance Metrics - Business Intelligence Platforms**

Question	Answer
Number of <u>new, upgraded or enhanced</u> hospital business intelligence platforms	
Number of <u>professionals who have either returned to the area or have established time</u> as a response to improved or new equipment, service lines or electronic health records.	

**Community Engagement**

Question	Answer
Number of <u>stakeholders engaged over the past month</u>	
Number of <u>outside contracts/ subcontracts engaged over the past month</u>	
<i>Explain the nature of the engagement</i>	
<i>Geographic focus of the engagement in general and your work over the past month specifically</i>	
Any project success stories this month?	