|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STATE OF MARYLAND  Community Health Resources Commission  45 Calvert Street, Room 336 • Annapolis, Maryland 21401  Larry Hogan, Governor - Boyd Rutherford, Lt. Governor  Elizabeth Chung, Chair – Mark Luckner, Executive Director | | | | |
| **Tier 1 & 2 - LHIC Funding Requirements and Deliverables Report—Interim Report** | | | | |
| **Please attach completed products and provide a list of all attachments. You must complete all bulleted items to check the “Completed” box.** | **Completed** | **In Progress** | **Planned** | **Expected/ Actual Completion Date** |
| 1. A well-defined LHIC structure has been established (e.g., Charter, By-laws or other document stating LHIC purpose, scope of work, meeting schedules and rules of engagement).     * Copy of charter, by-laws, or other document stating LHIC purpose, scope of work, and rules of engagement    * Meeting schedule (if not in charter or by-laws document) |  |  |  |  |
| 1. LHIC Roster: All LHIC members and partners are identified on a roster which demonstrates they are fully engaged and there is a written strategy to fill gaps by reaching out to missing sectors/partners.    * Roster with names, organizations, and contact information    * Attendance reports for calendar year 2020-2021 (main coalition meetings)    * Written strategy to include missing sectors/partners |  |  |  |  |
| 1. A community-oriented approach as indicated by a website presence, open meetings, publicly shared announcements and minutes, accessible data sets and/or other demonstrable indications of community involvement and input.     * Examples of how you engage with your communities |  |  |  |  |
| 1. A Local Health Improvement Plan, which is a written plan with population health priorities, goals, objectives, strategies, measures, and examples of work in development, underway, or implemented. One of the priorities must be improved population health related to diabetes, obesity, or physical activity, and the priority must have at least one explicit goal, strategy and measure linked to the local Diabetes Initiative referenced in deliverable #6.    * Local Health Improvement Plan showing that one of the priorities is related to diabetes, obesity, or physical activity    * Complete template: *LHIC Diabetes Strategy* |  |  |  |  |
| 1. If applicable to the jurisdiction, area Regional Partnership(s) awarded a Catalyst Grant by the HSCRC is a member of the LHIC and is clearly aligned with LHIC diabetes planning and programming.    * List organizations/individuals who are (1) part of both the LHIC and Regional Partnership **and** (2) working on diabetes |  |  |  |  |
| 1. The LHIC has developed and presented to its community and stakeholders a local Diabetes Initiative to implement aspects of the Maryland Diabetes Action Plan.    * Complete template: *LHIC Diabetes Strategy* (same as #4) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please attach completed products and provide a list of all attachments. You must complete all bulleted items to check the “Completed” box.** | **Completed** | **In Progress** | **Planned** | **Expected/ Actual Completion Date** |
| 1. Base funding is used to apply towards staffing or other support needs, as identified in the LHIC's specific FY 2020 LHIC Redesign Plan. Staff support is available to conduct planning aspects of regular LHIC meetings, to develop robust community engagement, and a population health improvement plan with a specific diabetes-related initiative(s).    * Describe the main activities for each funded staff person or support |  |  |  |  |
| 1. An update on how you have employed Technical Assistance offered by the UMD School of Public Health Team to assist in achieving these requirements. Provide:    * A bulleted list of your interactions with the TA team    * A bulleted list of the webinars you’ve attended or watched    * A bulleted list of resources you’ve used from the LHIC resource website    * Completed *Brief data status form – LHIC Community Lead*    * Completed *Brief data status form – Health Dept Staff*    * Completed *Community Engagement Status Form*    * A list of additional TA needs |  |  |  |  |
| 1. Expenditure Report with invoices for expenses incurred post-award through April 30, 2021 **(See template)**. |  |  |  |  |
| **10.**  Please provide a brief summary of what has been achieved through use of CHRC funds during the reporting period. Describe key administrative and program planning and implementation activities initiated and/or completed (e.g., hiring of an LHIC Coordinator or other staffing support). If applicable, describe progress towards achieving the objectives stated in the Local Health Improvement Plan or Diabetes Initiative Plan.  Click or tap here to enter text. | | | | |
| **11.** Describe planning and progress achieved toward post-grant sustainability. Please identify sources or potential sources of additional funds to support the LHIC post-grant period. Click or tap here to enter text. | | | | |

I attest that, to the best of my knowledge and belief, that the information reported by any contractors and subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_