

**Department of Health and Mental Hygiene
Center for Maternal and Child Health**

Mid-Year Report: Expenditures and Performance Measures

(Time Period: July 1 – December 31)

Local Health Department _____ Fiscal Year _____

Program Title _____ Date _____

Completed by _____ Perinatal Coord if IPO _____

Telephone _____ Fax # _____ Email _____

A. Budget and Expenditures

1. **Attach** copy of total grant budget and mid-year expenditures. For FP include collections.

2. Describe any significant staffing activities (e.g. new hires, vacancies or changes in assignments funded by this grant).

3. Describe any circumstances that have resulted in a significant under-expenditure or over-expenditure of funds, as applicable.

B. Technical Assistance Needs (list any programmatic technical assistance needs)

C. Partnerships Formed (include public/private/faith-based)

D. Performance Measures (report on each **required** PM in current FY program plan)

| Performance Measure | Mid-Year Estimate | Mid-Year Actual |
|----------------------------|--------------------------|------------------------|
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1. List any significant accomplishments during this reporting period.

2. List factors that prevented meeting performance measures (corrections taken or planned).