**Appendix F: Final Impact Report**

1. Contract Number:
2. Health Center Name and Location:
3. Project Implementation Period (Start Date - End Date):

**Instructions: For** each Funding Opportunity listed below (as applicable)please provide a summary of the workplan activities completed with FQHC Incubator funding. Please include the requested information for each Funding Opportunity and additional relevant information.

**Technical and Developmental Enrichment Activities**

1. If funding was requested for Technical and Developmental Enrichment Activities, provide the following:
   1. The specific activities undertaken, including conferences, trainings, etc.
   2. Costs, dates, and times for each activity.
   3. Staff members involved, and their roles.
   4. Additional funding sources complementing these activities’ costs.
   5. Explain how these activities supported opening a new site for your FQHC/FQHC Look-alike or supported your FQHC Look-alike application.

**Staffing**

1. If the Staffing Funding Opportunity was selected, answer the following:
   1. Explain specifically how funds were used to increase hours of existing staff or hire new staff members.
   2. Detail each position’s job duties, work hours, annual salary, and clinical service locations.
   3. Attach the updated organizational chart incorporating the new positions.
   4. Explain how these new positions supported opening a new site for your FQHC/FQHC Look-alike or supported your FQHC Look-alike application.
   5. If you were unable to hire staff for the positions listed in your workplan, discuss your assessment of why you were unable to hire those positions.

**Capital Improvement**

1. If the Capital Improvement Funding Opportunity was selected, answer the following:
   1. Provide details on construction scope, site, timelines, and budgets (as applicable).
   2. Highlight the sources of funding, especially if costs exceeded the Contract’s maximum allowable amounts.
   3. List the equipment purchased, their costs, and impacts on available health services.
   4. Explain how these activities supported opening a new site for your FQHC/FQHC Look-alike or supported your FQHC Look-alike application.

**Project Achievements and Impacts**

1. Detail the achievements made concerning the project’s objectives.
2. Enumerate the measurable impacts on the target population or community, aligning them with the Funding Opportunities selected and implemented. Please include any quantifiable details you have on your impact or projected impact, such as number of patients served (or planned to serve in the future).
3. Include the date your FQHC Look-Alike application was submitted and the current application status if applicable.

**Challenges and Solutions**

1. Identify major challenges encountered during implementation.
2. Explain the strategies used to overcome these challenges.

**Sustainability and Future Plans**

1. How will the project achievements be sustained beyond the grant funding period?
2. For current FQHCs or FQHC look-alikes: do you have future expansion plans for the new site? This can include new services (for example, dental services) at this site or plans for adding additional health center sites.

**Lessons Learned and Recommendations**

1. Share key insights and learnings acquired during the implementation.
2. Offer recommendations for future projects, considering the Funding Opportunities and implementation strategies employed.