

LOUISIANA QUALITY INNOVATION GRANTS FOR NURSING HOMES  
Quarterly Report Form

QUARTER ENDING DATE:

NAME OF PROJECT:

GRANT RECIPIENT:

1. Is the project on budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.a. Total grant funds used to date: \$ _____
1.b. Compare the project budget to expenses. Explain any variance and describe what is being done to align the project expense to the projected budget.
2. Is the project timeline being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.a. Compare the project progress to the proposed timeline. Explain any variance and describe what is being done to align the timeline to the proposed timeline.
3. How many residents have participated in the project? _____
3.a. Are the residents involved in the project as expected? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.b. Is the project impacting the residents positively? Please give an example.

3.c. Explain any variances in resident participation from the proposal.

4. List the title and the time spent by each person or group on this project over the past quarter:

title \_\_\_\_\_ approximate # of  
hours \_\_\_\_\_

Please continue list on a separate sheet if necessary.

5. Have you achieved any cost savings or incurred unexpected expenses through the implementation of this project?

\_\_\_\_ Yes \_\_\_\_ No

5.a. Cost savings realized: \$ \_\_\_\_\_

In what areas?

5.b. Unexpected costs: \$ \_\_\_\_\_

In what areas?

6. What measurable objectives included in your proposal have you achieved to date?

7. Include anecdotal information and/or quotes from those impacted by the project (staff, residents, or visitors) that illustrate the success or impact of the project.

I hereby agree that the information that I have provided in this statement is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date