**National Association of Chronic Disease Directors**

***Progress Report***

Please email completed form to Anissa Hackett at ahackett@chronicdisease.org.

**Client’s Name:**

**Reporting Period:**

**NACDD Finance code:**

**Financial Status (NACDD Finance will populate this section):**

|  |  |  |
| --- | --- | --- |
| Contract Amount | $  | (A) |
| Amount previously invoiced and paid | $ | (B) |
| Amount previously invoiced and Not paid | $ | (C) |
| **Current Invoice Amount** |   | **(D)** |
| Amount remaining in contract | $ | (A) - (B) - (C)- (D) |

**Program Status: (not started, active/in progress, or complete)**

**Summary of Services Provided, Accomplishments and Work Completed, including measures of**

**reach and impact** (This should be in alignment with deliverables and scope of work of the signed agreement):

**Challenges Encountered and Solutions:**