**Grant Status Report**

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| --- | --- |
| Project Title |  |
| Healthcare System Name |  |
| Hospital or Entity Name |  |
| Mailing Address |  |
| Applicant Name  |  |
| Title  |  |
| E-mail Address |  |
| Telephone  |  |
|  |  |
| Briefly describe your progress with the grant project, any obstacles to achieving your goals, or the need for additional time or funds. |
| Do you have plans to publish the project results in a professional publication or networking forum?  |  |

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| --- | --- | --- |
|  |  |  |
| Signature ofSenior Corporate Risk Manager | Title | Date |

Send the completed and signed progress report to

Mary Danner, Senior Risk & Patient Safety Consultant

mary\_danner@premierinc.com