

RWB EHE Biannual Progress Report

Due dates –

March, April, May, June, July, August – Due [September 15th](#)

September, October, November, December, January, February – Due [March 15th](#)

I. **Organization, and name, title and phone number of person(s) preparing this report.**

| | |
|---------------------------------------|--|
| Organization: | |
| Name of person preparing this report: | |
| Title: | |
| Phone Number: | |
| E-mail: | |

II. **Staffing:** List all **vacant positions** and timeframes for recruitment and hiring. If you have additional staffing needs, please describe.

III. **EHE Program Progress:** Describe progress on program implementation, goals, and objectives (ex. linking clients to care, re-engaging clients in care, partnerships, outreach, and engagements, data infrastructure or linkages, or other operational or implementation activities)

IV. **Barriers and Challenges:** What new and ongoing barriers/challenges have you encountered in implementing the EHE program over the four-month reporting period? How did your organization address these barriers/challenges? What challenges, if any, do you anticipate during the next four-months? If DHEC can assist with any challenges, please feel free to report that information here.

V. **Narrative on Current Budget:** Provide a description of any current spending above or below anticipated amounts.