**Exhibit A**

**Monthly Progress Report**

**Document participation in DOH MAPP 2.0 Workgroup meetings, including date(s), time(s) and location(s) and Provider and Department staff at each meeting that took place during the month. Include a summary of the meeting discussion and action items resulting from the meeting.**

**Meeting 1**

|  |  |
| --- | --- |
| **Meeting date, time and location** | *e.g. September 15, 2023, 9-10am, DOH-Kelton facility* |
| **Provider staff in attendance** | *e.g. staff name 1, staff name 2* |
| **Department staff in attendance** | *e.g. staff name 1, staff name 2* |
| **Meeting summary** | *e.g. In this meeting we discussed the Community Status Assessment, including secondary data sources and plans for primary data collection. Survey distribution will occur by….* |
| **Action items resulting from the meeting** | *e.g. The Provider will prepare for focus group planning for the next Steering Committee meeting. The provider will finalize the survey content and link by [date] for final review by DOH staff…* |

**Summarize progress towards completing the three community assessments, CHA report and CHIP report. Identify status and any barriers encountered in the process**

|  |  |  |
| --- | --- | --- |
|  | **Indicate status: not started, in progress, or completed.** | **Progress Summary:** **Summarize activities for the month and include any barriers encountered** |
| **Community Assessments** | *e.g. In progress* | *e.g. the Community Partner Assessment is nearly complete, and the Community Status Assessment is about to be launched. Barriers encountered this month were a tropical storm which delayed the Provider’s ability to finalize the survey before the [date] meeting…* |
| **CHA Report** | *e.g. In progress* | *e.g. Provider is developing template for document layout following DOH branding guidelines. Barriers encountered this month were…*  |
| **CHIP Report** | *e.g. Not started*  | *e.g. Not started as this process occurs once the CHA is complete. Barriers N/A.* |