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| --- | --- | --- |
| **Project name** | Click or tap here to enter text. | |
| **Total support requested**: Click or tap here to enter text. | | **Proposed program duration**: Click or tap here to enter text. |

**This is an assessment of the work done so far through funding made available from the SC Center for Rural and Primary Healthcare.**

**Achieved Impact**

In this section describe the achieved impact (social, health, economic, structural, etc.) of your project. This can include the number of individuals reached, data that illustrates improved outcomes, or success stories from participants. If this is different than the original intended impact of your project, describe the mitigating circumstances that led to this change.

**Future Directions**

If the contract is renewed, please describe the next steps for your project. This can include services expansion to new communities or populations.