**Engagement Initiatives Interim Report**

**Submission Due Date:**

Project Title: Click here to enter text.

Physician Lead: Click here to enter text.

Executive Sponsor: Click here to enter text.

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| 1. PROGRESS:  Briefly describe your activity to date. |
| Click here to enter text. |

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| 1. MILESTONES ACHIEVED: |
| Click here to enter text. |

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| 1. CHALLENGES:  Describe any challenges or unexpected barriers you have experienced in implementing your plans. |
| Click here to enter text. |

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| 1. BUDGET:  Please state amount of expenses claimed to date and if you are able to estimate whether you will require the full amount of your approved budget. |
| Click here to enter text. |