**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.
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| Click here to enter text. |

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

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