Quarterly Report

*Instructions:* The Navigator Grantee authorized representative must complete this form and provide an electronic or physical signature. A response is required for each field.

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| **Report** | **Deadline\*** |
| First Quarterly Report | January 15, 202 |
| Second Quarterly Report | April 15, 2025 |
| Third Quarterly Report | July 15, 2025 |
| Fourth Quarterly Report | October 15, 2025 |

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| **A. Organization Information** | |
| **1. Organization Legal Name** |  |
| **2. Date** |  |
| **B. Short Answer: Program Summary** | |
| **1. Culturally and Linguistically Appropriate Information** | |
| Describe how the organization disseminated information to consumers in a manner that was  culturally and linguistically appropriate. | |
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| **2. Assisting Consumers with Disabilities** | |
| Specify how the organization coordinated reasonable modifications and accommodations for  consumers with disabilities. | |
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| **3. Common Languages** | |
| List up to five of the most common languages listed in order of most to least commonly spoken by consumers, other than English, that the organization assisted during the quarter. For any instances where a consumer spoke an additional language that the organization was  not able to accommodate, please list that language and how the situation was remedied. | |
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| **4. Protecting Consumer PII** | |
| Detail how the organization collected, retained, and protected consumers' Personally Identifiable Information (PII). | |

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| **5. Reducing Health Disparities and Inequity** | |
| Describe how the organization has worked within its community to address and reduce health disparities and inequity. | |
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| **C. Signature** | |
| **1. Authorized Representative Name** |  |
| **2. Title** |  |
| **3. Telephone Number** |  |
| **4. Email** |  |
| ***Authorized Representative Signature*** |  |
| ***Date*** |  |