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| --- | --- | --- |
| **Current Project Name** | Click or tap here to enter text. | |
| **Current Funding Amount**: Click or tap here to enter text. | | **Current Project Period**: Click or tap here to enter text. |

**This is a brief overview of accomplishments 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 from your project's original intended impact, 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.