Annual Project Report
Fiscal Year:
School-Based Medicaid Administrative Claiming

Description: This report is an overview of the project, which shall include a short description of the project activities, objectives and actual outcome(s). The report is not intended to be a detailed individual line item expenditure report.

Requirements: A signed project report form must be maintained by each participating ESD/District for a period of seven years from date of payment. It is the ESD/District's responsibility to ensure a separate form is submitted for each project funded through MAC reimbursement. All reports are due to OHA annually by October 1st, allowing 90 days following the closure of a school fiscal year ending June 30. ESDs may require Districts to submit reports earlier.

Annual Project Reports are considered public record and may be shared upon request with State legislature, congress or for MAC trainings and networking purposes for participating MAC entities.

ESD/District Name:

Fiscal Year to Date Reimbursement (**does not** include 50% State match payment and Intergovernmental Charge (IGC) to administer Oregon's school MAC program:

Fiscal Year to Date Total Project Expenditure (include all funding sources):

Fiscal Year to Date Project Expenditure paid with MAC funds:

Project Title: Project Location: Project Contact Person: Contact Phone #: Contact Email:
Objectives (if applicable, identify coordination with local community partners):
Actual Outcomes (provide details on how the project applied to health and social services in the school setting):
Long-term Project Goals (identify any additional funding needs, if applicable):
Does your ESD/District have an advisory council to review how MAC funds are reinvested (an advisory council is recommended, but not required). If yes, list the council members below: ☐ **yes** ☐ **No**
Identify advisory council members, including community partners (if applicable):

Signature of District Representative: _____

Title: _____ Date: _____