



ONBOARDING GRANT BUDGET (RIDER 3)

Monthly Progress Report and Invoice

Items of Work

Grantee Name:		SAP Invoice Document No.:	
Grantee Address:		Date:	
		Report No.:	
		Agreement No.:	
		Vendor No.:	
		Fund Document Commitment No.:	

SECTION 1

ELIGIBLE INPATIENT HOSPITAL(S) OR INPATIENT FACILITY(S)

(Maximum of \$75k per Hospital/Facility)

*Add additional rows as needed

	Description	Qty	Amount Budgeted up to:	Amount Claimed This Invoice:	Total Claimed to Date:
1.	<INSERT HOSPITAL/FACILITY NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$20,000.00		
b.	Phase 2 (Technical Implementation)	1	\$25,000.00		
c.	Phase 3 (Production)	1	\$30,000.00		
2.	<INSERT HOSPITAL/FACILITY NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$20,000.00		
b.	Phase 2 (Technical Implementation)	1	\$25,000.00		
c.	Phase 3 (Production)	1	\$30,000.00		
3.	<INSERT HOSPITAL/FACILITY NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$20,000.00		
b.	Phase 2 (Technical Implementation)	1	\$25,000.00		
c.	Phase 3 (Production)	1	\$30,000.00		

Section 1 Total Approved Budget Amount:

SECTION 2

ELIGIBLE OUTPATIENT PRACTICE(S) OR OTHER OUTPATIENT PROVIDER ORGANIZATION(S)

(Maximum of \$35k per Outpatient Practice or Other Outpatient Provider)

*Add additional rows as needed

	Description	Qty	Amount Budgeted up to:	Amount Claimed This Invoice:	Total Claimed to Date:
1.	<INSERT ELIGIBLE OUTPATIENT PRACTICE OR OTHER OUTPATIENT PROVIDER ORGANIZATION NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$10,000.00		

b.	Phase 2 (Technical Implementation)	1	\$10,000.00		
c.	Phase 3 (Production)	1	\$15,000.00		
2.	<INSERT ELIGIBLE OUTPATIENT PRACTICE OR OTHER OUTPATIENT PROVIDER ORGANIZATION NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$10,000.00		
b.	Phase 2 (Technical Implementation)	1	\$10,000.00		
c.	Phase 3 (Production)	1	\$15,000.00		
3.	<INSERT ELIGIBLE OUTPATIENT PRACTICE OR OTHER OUTPATIENT PROVIDER ORGANIZATION NAME, ADDRESS, AND NPI#>				
a.	Phase 1 (Contracting)	1	\$10,000.00		
b.	Phase 2 (Technical Implementation)	1	\$10,000.00		
c.	Phase 3 (Production)	1	\$15,000.00		

Section 2 Total Approved Budget Amount:

**SECTION 3
PORTAL(S)**
(Maximum of \$5k per Member Organization)
*Add additional rows as needed

	Description	Qty	Unit Cost	Amount Budgeted up to:	Amount Claimed This Invoice:	Total Claimed to Date:
1.	<INSERT MEMBER ORGANIZATION NAME AND ADDRESS>					
a.	Phase 1 (Contracting)	1	\$1,000.00			
b.	Phase 2 (Technical Implementation)	1	\$2,000.00			
c.	Phase 3 (Production)	1	\$2,000.00			
2.	<INSERT MEMBER ORGANIZATION NAME AND ADDRESS>					
a.	Phase 1 (Contracting)	1	\$1,000.00			
b.	Phase 2 (Technical Implementation)	1	\$2,000.00			
c.	Phase 3 (Production)	1	\$2,000.00			
3.	<INSERT MEMBER ORGANIZATION NAME AND ADDRESS>					
a.	Phase 1 (Contracting)	1	\$1,000.00			
b.	Phase 2 (Technical Implementation)	1	\$2,000.00			
c.	Phase 3 (Production)	1	\$2,000.00			

Section 3 Total Approved Budget Amount:					
	Total Approved Project Amount:		\$	Total Amount Claimed on this Invoice:	
Please describe any significant challenges or lesson learned during this reporting period:					
By signing below, I certify that the amounts of funds claimed this invoice have met all requirement as defined in the agreement.					
Grantee's Signature					Date
Please note: In conjunction with this form, the Grantee may need provide supporting documentation for each line item as identified in grant program announcement.					