**RFP 147 TAY Health and Wellness Center Appendix 4 - Prior Performance Form**

*Instructions: Please provide the information requested below and complete the Prior Performance Table below for a program similar to drop in services and/or a program providing services to people experiencing homelessness. For the Prior Performance table, please indicate the time frame for the reporting period and include ALL program deliverables and outcomes including the goal for each deliverable and outcomes, the actual results, and any additional information regarding progress towards deliverables and outcomes. Delete and add additional rows as needed.*

**Proposer:**

**Program Name:**

**Population Served:**

**Program Period:**

**Reporting Period:**

**Granting Agency:**

**Granting Agency Contact Name[[1]](#footnote-1):**

**Granting Agency Contact email and phone number:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reporting Period: Indicate Time Frame | | |
| **Deliverables and Outcomes** | **Goal** | **Actual** | **Comments/ Notes** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |

1. Please note, HSH may reach out to the Granting Agency Contact to confirm Deliverables and Outcomes information provided. [↑](#footnote-ref-1)