



Connecticut Department of Public Health
Public Health Emergency Preparedness (PHEP)

MRC Programmatic Progress Report
FY 2024-2029

Budget Period: _____ **Quarter:** _____

Region:	
MRC Unit:	
Sponsoring Organization:	
Reporting MRC Coordinator:	
Reporting MRC Coordinator Signature:	
Date of Submission:	

Volunteer Management

1. Please list the meetings that are conducted for the region, their frequency, a description of purpose, and partners that are in attendance. Update as needed. Refer to the contract for meeting requirements. Do not list one-time trainings or meetings not directly related to Volunteer Management. Attach meeting minutes to this file. (E.1.h)

1. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

2. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

3. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

2. Please list the number of submitted and completed activations within the quarter. That means the Activation Request paperwork has been completed and signed, the event has been completed, and the final rosters have been submitted. (E.3.d.vii.2)

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

3. Please list the total number of additional activities for each quarter that were attended/conducted by volunteers. These are activities held **without** submission of an Activation Request. (E.3.d.vii)

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

4. Please list the number of new volunteers enrolled in CT Responds per quarter. (E.3.d.vii.3)

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

5. Please list the number of volunteers that completed the loyalty oath and updated in CT Responds in that quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

6. Please list the number of background checks performed in your unit per quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

7. Please list the number of verified medical licenses completed by CT Responds in your unit, per quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

8. Please, list the total number of volunteer hours worked for each quarter.

Budget Period 1

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 2

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 3

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 4

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total

9. Please list the completion date of your annual Technical Assistance (TA) meeting with Regional ASPR liaison:

Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4

10. Please list the date your annual Connecticut Citizen Corps report was submitted:

Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4

11. If your MRC Unit houses a Mission set, please describe the functionality and training associated with any Mission Sets in your unit. Specify number of volunteers within specific Mission Set.

Mission Set 1

Description	Special Skill / Training	# of Volunteers	Medical? Y/N

Mission Set 2

Description	Special Skill / Training	# of Volunteers	Medical? Y/N

Mission Set 3

Description	Special Skill / Training	# of Volunteers	Medical? Y/N