

MM, DD, YYYY

P&A system Executive Director  
Name of the state P&A system  
Address  
City, State Zip Code

Dear Title & Last Name of the P&A Director:

On behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS), enclosed is the fiscal year (FY) 201X Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program Performance Report (PPR) that includes the Advisory Council Report (ACR).

Each state protection and advocacy (P&A) system shall submit its annual PPR and ACR no later than January 1, 201X. SAMHSA/CMHS will compile the data from the annual PPRs and ACRs and prepare a biannual report for the Secretary of the Department of Health and Human Services. This report summarizes P&A system PAIMI Program activities for FY 201X – 201X. The SAMHSA report will be included as an appendix to the Secretary's *Biannual Report on Federal Disability Program Activities* to the President, the Congress, and the National Council on Disability.

Please use the enclosed forms approved by the Office of Management and Budget (expiration date: MM, DD, YYYY). Submit the FY 20XX Annual PPR and ACR **via the PAIMI Electronic Reporting System** (PERS) at <http://ppr.paimippr.com/>. Upload a copy of the ACR page signed and dated by the PAC Chairperson. This page must be submitted electronically, as an attachment to the ACR. PERS will automatically notify SAMHSA/CMHS when your PPR and ACR was received. Please contact Matt Hayden at [Matt.Hayden@ndrn.org](mailto:Matt.Hayden@ndrn.org) or 202 408-9514 extension 128, if you encounter any data transmission issues.



Thank you for your continued cooperation, support, and patience. We look forward to working with you in FY 2015.

Sincerely,

Director,  
Division of State & Community Systems  
Development Branch  
Center for Mental Health Services