

RESULT FORM

TRAC INFRASTRUCTURE, PREVENTION, & MH PROMOTION

GRANT ID (GRANT/CONTRACT/COOPERATIVE AGREEMENT NUMBER) |____|____|____|____|
____|____|____|____|____|

INSTRUCTIONS: USE ONE FORM PER RESULT. A RESULT NAME MUST BE UNIQUE IN A GIVEN FFY QUARTER*. THE SAME RESULT NAME CAN **ONLY** BE USED IN FUTURE QUARTERS. IF APPLICABLE, ENTER THE NUMBER AND/OR PERCENT OR AMOUNT OF FUNDING. DATA MUST BE ENTERED ELECTRONICALLY IN THE TRAC SYSTEM ([HTTPS://WWW.CMHS-GPRA.SAMHSA.GOV](https://www.cmhs-gpra.samhsa.gov)). ALL RESULTS THAT OCCUR WITHIN A GIVEN QUARTER MUST BE ENTERED WITHIN ONE CALENDAR MONTH OF THAT QUARTER'S END.

INDICATOR NUMBER AND NAME (EX. PD1. A POLICY CHANGE COMPLETED AS A RESULT OF THE GRANT):

IS THIS A NEW RESULT NAME? YES NO

RESULT NAME: _____

DATE RANGE OF COMPLETION*: _____

RESULT DESCRIPTION: _____

NUMBER (EXCLUDING PD1; WD4; F1, F2, AND F3; OC1; A4; NAB1 & AC1): _____

NUMERATOR (A4, NAB1, & AC1 ONLY): _____

DENOMINATOR (A4, NAB1, & AC1 ONLY): _____

AMOUNT OF FUNDING (F1&F3 ONLY): _____

*ENTER ONE OF THE FOLLOWING FOR DATE RANGE OF COMPLETION: a) 10/01/XX - 12/31/XX (FFQ1); b) 01/01/XX - 03/31/XX (FFQ2); c) 04/01/XX - 06/30/XX (FFQ3); d) 07/01/XX - 09/30/XX (FFQ4)

Public reporting burden for this collection of information is estimated to average four hours per year. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0285.