Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Organization Name	Project Name
	INSERT GRANT NUMBER	**INSERT ORGANIZATION NAME**	**INSERT PROJECT NAME**

Tips

1. Please only include 1 quarter of data per file in your submission.
2. Performance data are reported by Federal fiscal quarter. Please use the following reporting p
3. Submit your Performance Data Report as an Excel Document through GrantSolutions.
4. Do not rename, reorder, or transpose any rows or columns.
5. Ensure a number is in every light yellow cell (columns F to AC).
6. Do not enter "N/A" or leave any cells blank, instead enter 0.
7. If an explanation is needed, add a comment to column AD (no text in columns F through AC al

Attention: PRA Reports Clearance Officer

Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Grant Program Name	One-on-one Patient TA: What is the total number of encounters with patients, clients, customers, their families or other individuals who participated in Individualized/one-on-one education; Training; TA; Mentoring; Counseling; Consultation; Case-management sessions?
	INSERT GRANT NUMBER	**INSERT GRANT PROGRAM NAME**	

Tips
1. Please only include 1 quar
2. Performance data are reperiods (Oct 1-Dec 31; Jan 1-Mar 31; Apr 1-Jun 30; Jul 1-Sept 30).
3. Submit your Performance
4. Do not rename, reorder, o
5. Ensure a number is in eve
6. Do not enter "N/A" or leav
7. If an explanation is neede lowed).
8. To save your file, "Save As" and 4) Submission date; *i.e. "NWDP_NORC_Performance Report_07.31.19.xlsx"*

Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	One-on-one Patient TA (PARTNERS): What is the total number of encounters with patients, clients, customers, their families or other individuals who participated in Individualized/one-on-one education; Training; TA; Mentoring; Counseling; Consultation; Case-management sessions provided by your project PARTNERS?	One-on-one Provider TA: What is the total number of encounters with health care providers, other service providers, or other professionals who participated in: Individualized/one-on-one education; Training; TA; Mentoring; Counseling; Consultation; Case-management sessions?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	One-on-one Provider TA (PARTNERS): What is the total number of encounters with health care providers, other service providers, or other professionals who participated in: Individualized/one-on-one education; Training; TA; Mentoring; Counseling; Consultation; Case-management	Group patients TA: What is the total number of encounters with patients, clients, customers, their families or other individuals who participated in: Group education; Training; TA; Mentoring; Counseling; Consultation; Case-management sessions ?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Group patients TA (PARTNERS): What is the total number of encounters with patients, clients, customers, their families or other individuals who participated in: Group education; Training; TA; Mentoring; Counseling; Consultation; Case-management sessions provided by your project PARTNERS?	Group provider TA: What is the total number of individuals that attended who participated in each of the group education, training, TA, mentoring, counseling, consultation or case-management sessions for health care providers, other service providers, or other professionals?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Group provider TA (PARTNER): What is the total number of individuals that attended who participated in each of the group education, training, TA, mentoring, counseling, consultation or case-management sessions for health care providers, other service providers, or other professionals provided by your project PARTNERS?	Language Interpretation:What is the total number of encounters with individuals during which the individuals received language interpretation and/or other verbal language assistance?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Language Interpretation (PARTNERS):What is the total number of encounters with individuals during which the individuals received language interpretation and/or other verbal language assistance provided by your project PARTNERS?	Non-English materials: What is the total number of encounters with individuals during which any printed or written instructional/educational materials, forms, and other documents translated into languages other than English were received by individuals served by your program?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Non-English materials (PARTNERS): What is the total number of encounters with individuals during which any printed or written instructional/educational materials, forms, and other documents translated into languages other than English were received by individuals served by	Community Screenings: What is the total number of community-based health screenings (e.g., screening for high blood pressure, high cholesterol, diabetes, or HIV/AIDS) received by individuals provided by your OMH-funded project during this reporting period?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Community Screenings (PARTNERS): What is the total number of community-based health screenings (e.g., screening for high blood pressure, high cholesterol, diabetes, or HIV/AIDS) received by individuals provided by your OMH-funded project PARTNERS during this reporting period?	Health Fairs: What is the total number of encounters with individuals at OMH-funded project community-based health fairs, expositions, and other similar public events that you sponsored, led or managed?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Health Fairs (PARTNERS): What is the total number of encounters with individuals at OMH-funded project community-based health fairs, expositions, and other similar public events that your project PARTNERS sponsored, led or managed?	Booths at other events: What is the total number of encounters with individuals at any OMH-funded project exhibit booths at broader community-based health fairs, expositions, and other public events?
	INSERT GRANT NUMBER		

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Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun	Grant Number	Booths at other events (PARTNERS): What is the total number of encounters with individuals at any OMH-funded project PARTNERS exhibit booths at broader community-based health fairs, expositions, and other public events?	Public meetings: What is the total number of encounters with individuals at the conferences or other large scale meetings you planned, managed and/or conducted as part of your OMH-funded project?
	INSERT GRANT NUMBER		

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	INSERT GRANT NUMBER		

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	INSERT GRANT NUMBER		

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	INSERT GRANT NUMBER		

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Quarters

Apr 1 – Jun 30, 2020
Jul 1 - Sep 30, 2020
Oct 1 – Dec 31, 2020
Jan 1 – Mar 30, 2021
Apr 1 – Jun 30, 2021
Jul 1 – Sep 30, 2021
Oct 1 – Dec 31, 2021
Jan 1 – Mar 30, 2022
Apr 1 – Jun 30, 2022
Jul 1 – Sep 30, 2022
Oct 1 – Dec 31, 2022
Jan 1 – Mar 30, 2023
Apr 1 – Jun 30, 2023
Jul 1 – Sep 30, 2023
Oct 1 – Dec 31, 2023
Jan 1 – Mar 30, 2024
Apr 1 – Jun 30, 2024
Jul 1 - Sep 30, 2024