

<b>REPORT PERIOD</b> <b>(MMM YYYY)</b> <b>Use drop down</b>	<b>GRANT NUMBER</b>
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Report Period (format: MMM-MM)	
Keep Consistent Across quarters	
Number Required (no text)	

According to the Paperwork Redu

ORGANIZATION NAME	PROJECT NAME	GRANT PROGRAM NAME
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Key	Tips
MM, YYYY)	<ol style="list-style-type: none"> <li>1. Please report data by calendar month</li> <li>2. Complete one row per month reporting period.</li> <li>3. Do not rename, reorder, or transpose any rows or columns.</li> <li>4. Ensure a number is in every light yellow cell (columns F to AC).</li> <li>5. Do not enter "N/A" or leave any cells blank, instead enter 0.</li> <li>6. If an explanation is needed, add a comment to column AD (no text in cc</li> <li>7. To save your file, "Save As" and name it as follows: 1) Grant Program, 2</li> <li>8. Submit your Performance Data Report as an Excel Document through C</li> </ol>

action Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OME

<b>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?</b>	<b>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?</b>

Columns F through AC allowed).

1) Grantee Name 3) "\_Performance Report\_" 4) Submission date; i.e. "NWDP\_NORC\_Performance Report GrantSolutions at the same time as your Quarterly Progress Report.

3 control number. The valid OMB control number for this data is 0990-0275. The time required to compl

<b>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?</b>	<b>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 sessions?</b>

<div style="background-color: #f4a460; height: 15px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="background-color: #e0e0e0; height: 150px; border: 1px solid black; margin-top: 5px;"></div> <p data-bbox="131 1039 316 1071" style="color: red; font-size: small;">_07.31.19.xlsx"</p>
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ete this information collection collection is estimated at 20 45 minutes per response, including the ti

<b>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 ?</b>	<b>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?</b>

me to review instructions, search existing data sources, gather data needed, and complete and review

<b>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?</b>	<b>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 PARTNER?</b>

v the information collection. If you have comments concerning the accuracy of the time estimate(s) o

<b>Language Interpretation:What is the total number of encounters with individuals during which the individuals received language interpretation and/or other verbal language assistance?</b>	<b>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?</b>

For suggestions for improving this form, please write to: U.S. Department of Health & Human Services, C

<b>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?</b>	<b>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 your project PARTNERS?</b>

<b>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?</b>	<b>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?</b>

orts Clearance Officer

<b>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?</b>	<b>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?</b>

<b>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?</b>	<b>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?</b>

<b>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?</b>	<b>Public meetings (PARTNERS): What is the total number of encounters with individuals at the conferences or other large scale meetings your PARTNERS planned, managed and/or conducted as part of your OMH-funded project?</b>

<b>Language Access Services (LAS). What is the total number of encounters of individuals served under your LAS? Comprehensive LAS includes all of the following: audio interpretation, non-English materials, effective communication, sight translation, and in-language communication.</b>	<b>Language Access Services (LAS) (PARTNERS). What is the total number of encounters of individuals served under LAS provided by your PARTNERS? Comprehensive LAS includes all of the following: audio interpretation, non-English materials, effective communication, sight translation, and in-language communication.</b>

<p><b>Total De-Duplicated Program Participants (Monthly Quarter):</b>  <b>What is the total number of individuals participating in your OMH-funded project? Include only individuals who are participating in your project this month quarter.</b></p>	<p><b>Total De-Duplicated Program Participants (Annual):</b> <b>What is the total number of individuals participating in your OMH-funded project during this year (Oct 1 - Sep 30)?</b></p>

**Comments (Optional)**

## Quarters

Apr 2020  
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