

REPORT PERIOD (MMM YYYY) Use drop down	GRANT NUMBER
	**INSERT GRANT NUMBER
	**INSERT GRANT NUMBER
	**INSERT GRANT NUMBER

Report Period (format: MMM-YY)
Keep Consistent Across quarters
Number Required (no text)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information if it does not display a valid OMB control number.

ORGANIZATION NAME	PROJECT NAME	GRANT PROGRAM NAME
INSERT ORGANIZATION NAME	**INSERT PROJECT NAME**	**INSERT GRANT PROGRAM NAME**
INSERT ORGANIZATION NAME	**INSERT PROJECT NAME**	**INSERT GRANT PROGRAM NAME**
INSERT ORGANIZATION NAME	**INSERT PROJECT NAME**	**INSERT GRANT PROGRAM NAME**

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

Under the Privacy Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>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?</p>	<p>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?</p>

olumns F through AC allowed).

) 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

<p>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?</p>	<p>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</p>

[07.31.19.xlsx](#)

ete this information collection collection is estimated at **20 45** minutes per response, including the ti

<p>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 ?</p>	<p>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?</p>

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

<p>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?</p>	<p>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?</p>

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

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

If you have suggestions for improving this form, please write to: U.S. Department of Health & Human Services, Office of Minority Health, 200 Independence Avenue SW, Washington, DC 20201.

<p>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?</p>	<p>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?</p>

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?	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?

orts Clearance Officer

<p>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?</p>	<p>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?</p>

<p>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?</p>	<p>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?</p>

<p>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?</p>	<p>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?</p>

<p>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.</p>	<p>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.</p>

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

Comments (Optional)

Quarters

Apr 2020
May 2020
Jun 2020
Jul 2020
Aug 2020
Sep 2020
Oct 2020
Nov 2020
Dec 2020
Jan 2021
Feb 2021
Mar 2021
Apr 2021
May 2021
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021
Dec 2021
Jan 2022
Feb 2022
Mar 2022
Apr 2022
May 2022
Jun 2022
Jul 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024

May 2024

Jun 2024

Jul 2024

Aug 2024

Sep 2024