

Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun 30	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 period.
 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 allowed).
- Attention: PRA Reports Clearance Officer

Federal Fiscal Quarter Report Period (MMM-MMM, YYYY) Oct 1 - Dec 31; Jan 1 - Mar 31; April 1 - Jun 30	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**	
<p>Tips</p> <ol style="list-style-type: none"> 1. Please only include 1 quarter 2. Performance data are reported in quarters (Oct 1-Dec 31; Jan 1-Mar 31; Apr 1-Jun 30; Jul 1-Sept 30). 3. Submit your Performance Report by the deadline. 4. Do not rename, reorder, or delete rows. 5. Ensure a number is in every cell. 6. Do not enter "N/A" or leave cells blank. 7. If an explanation is needed, use the "Comments" column. 8. To save your file, "Save As" and name it with the 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 30	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	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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	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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	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