

REPORT PERIOD (MMM YYYY) Use drop down	GRANT NUMBER
	INSERT GRANT NUMBER
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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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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 cc 7. To save your file, "Save As" and name it as follows: 1) Grant Program, 2 8. Submit your Performance Data Report as an Excel Document through C

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

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?	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?



columns F through AC allowed).

2) 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

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?	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?

<p data-bbox="131 1039 316 1071"><i>_07.31.19.xlsx"</i></p>

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

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 ?	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?

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

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?	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(S)?

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

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

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

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?	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?

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

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?	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?	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?	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>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>

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.	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)?

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
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