

REPORT PERIOD (MMM YYYY) Use drop down	GRANT NUMBER
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Report Period (format: MMM-MI	
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)	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

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?

ne 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 PARTNERS?

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

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, O

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?

IS/OCIO/PRA, 200 Independence Ave., S.W. Suite 336-E, Washington D.C. 20201. Attention: PRA Repo

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?

rts 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?

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.	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

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
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