

WVDHHR Bureau for Behavioral Health  
FEP Covid Supplement

**Grantee:**

**Grant Number:**

**Program Code:**

**Reporting Quarter/Year:** \_\_\_\_\_

<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Oct. 1 – Dec. 31	Jan. 1 – Mar. 31	Apr. 1 – June 30	July 1 – Sept. 30

<b># Staff providing Services</b>	<b>Staff Names</b>	<b>Summary of Services being provided that are not reported in FEP reporting form</b>