Grant#	
Program Code	
Vendor Oasis #	Provider Name:

Grantee Street Address: Remittance Address:

Reports need to be submitted to DHHRBBHreporting@wv.gov within 25 calendar days of the end of each month. Please include in the subject line of the e-mail the Name of the Grantee, Name of Service/Program and the Year/Month of the report.

Expected Outcomes and Performance Measures

1. How the grant was spent:

Receipts from Purchases for Programming (The Grant)					
Activity	Date	Age	Ethnicity		Number of Attendees

nber. Type	Date	Notes		# of Atten
Турс	Date	Notes		# OI Attell
Number and type of pr	ofessional develop	ment training/ev	vents att	ended.
e: of Training/Events Attend	ded		Date	Number
				of Atten

Total of Attendees

20

Total Number of Attendees	

4. Number, type (focus groups, surveys, or key informant interviews), and aggregate results of consumer feedback activities conducted.

Туре	Date	#Conducted	#Participated
Total of Attendees			N/A

- 4 (B) Other Please Describe:
- **5**. Any Additional Information: