

Title IIID Health Promotion/Disease Prevention

2014

Cumulative Fiscal Report 2 (CFR2)

Quarter _____

Provider _____

Grant # 607-14- _____

Date _____

Service Delivery

Quarter	Physical Activity		Evidence Based		Technology		Health Services		Outreach		Service units match SAMS data
			Goals & Tracking		Services to Individuals	Health Education	Cognitive Health	Outreach to individuals	Outreach Public Information		
1											
2											
3											
4											
Total	0	0	0	0	0	0	0	0	0	0	

Services completed by _____

Contact information _____

Expenditures											Total	
Grant	1											0
Award	2											0
Funds	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0
Grant/	1											0
Program	2											0
Income	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0
Local &	1											0
In Kind	2											0
Match	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0
Other	1											0
	2											0
	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0
Total Expenditures	1	0	0	0	0	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0	0	0	0	0
	4	0	0	0	0	0	0	0	0	0	0	0
Total		0	0	0	0	0	0	0	0	0	0	0

Total Grant and Total Expenditures match eGrants.

Expenditures completed by _____

Contact information _____