

Alaska Department of Health & Social Services Division of Senior & Disabilities Services

Title III Nutrition, Transportation, & Support Services

2014

Cumulative Fiscal Report 2 (CFR2)

Quarter _____

Provider _____ Grant # 607-14-_____ Date _____

Please refer to Instructions tab **Service Delivery**

Quarter	Nutrition				Transportation		Support Services				Service units match SAMS data
	Congregate Meal	Home Delivered Meal	N Ed	N C	Unassisted	Assisted	Home-maker	I&A	Outreach to individuals	Outreach Public Information	
1											
2											
3											
4											
Total	0	0	0	0	0	0	0	0	0	0	Grant and Total Expenditures match eGrants

N Ed -Nutrition Education to groups

N C-Nutrition Counseling to individuals by qualified professional

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

Expenditures completed by _____ Contact information _____