

DBH Treatment and Recovery FY22 Grant
Bethel Community Service Patrol
Quarterly Report Checklist & Transmittal Coversheet

To: DHSS Finance & Management Services
Grants & Contracts Section,
Attention: _____,
Grant Administrator

Date: _____

Organization: _____

Grant Number: _____

Form submitted by: _____

The checklist below will help you ensure your organization quarterly report submittals contain all the necessary reports and appropriate documentation.

Upload this completed checklist and required documentation listed below as a single pdf into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

Quarter (check one):

July 1- Sept 30 Oct 1-Dec 31 Jan 1-March 31 April 1-June 30

Quarterly Program Report to include but not limited to:

1. Report of effectiveness of program in meeting its primary goal of preventing deaths of inebriated persons from exposure to elements. Attach statement of yes or no. If no, indicate how program might be modified to prevent such future deaths.
2. Report activity of CSP by numbers of clients with demographics and disposition of clients. Attach log sheets and data graphics.
3. Optional: Any additional information program deems significant such as major program needs, barriers to program effectiveness, or events that have a positive impact on program operations.

A Cumulative Financial Report (CFR) for the quarter (If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.)