

**DBH Treatment and Recovery FY22 Grant**  
**CBHTR – Outpatient (PES, SMI, SED, SUD)**

***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 organizations 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

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A Cumulative Financial Report (CFR) for the quarter.

Program Reports (Select One or More as appropriate)

Opioid Treatment Provider (OTP)

SUD Outpatient Treatment Services (non-OTP)

CBHTR Treatment and Recovery Narrative (PES, SMI, SED Services)

(if applicable also include) Transition to Independence Process - Transitional Aged Youth

**PES Grantees only** – please confirm that the agency has submitted the following information requested by the Division:

**For all PES Clients Served:** please indicate that PES minimal data set has been submitted into AKAIMS: