

DBH Treatment and Recovery FY22 Grant
CBHTR SUD Residential Withdrawal Management Services
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

- A Cumulative Financial Report (CFR) for the quarter.
- Program Reports – SUD Outpatient and Residential Treatment Services
- Community Action Plan Meeting Minutes that have occurred during this quarter. (These are not to be submitted via GEMS. They should be submitted directly to the Program Manager by the provider delegated by the CAP group.)