

DBH Treatment and Recovery FY22 Grant
REENTRY COALITION
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 that your organization's quarterly report contains all the necessary reports and appropriate documentation.

Upload the 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.

Please continue to send forms to the Grant

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.
- Minutes from coalition meetings
- Coalition documents completed or updated during the fiscal year, including:
 - Coalition Capacity Assessment(s)
 - Coalition Operational Guidelines and/or Coalition by-laws
 - Coalition Community Readiness Assessment
 - Coalition Comprehensive Community Reentry Plan
 - Recidivism Reduction Quarterly Narrative, Program Impact, and case management milestone sections

Key for Reentry Coalition FY22 Outcome checklist

- Started
Work on this milestone has started.

- Implemented**
This milestone has been implemented and the impact of this milestone on the community is being tracked and monitored.
- Completed**
This milestone is complete and is no longer being implemented by the coalition.
- Not Applicable**
This milestone does not apply at this time.

Reentry Coalition FY22 Outcome checklist

Coalition Milestones	Status	Grantee Comments
Coalition Capacity and Sustainability		
<p>Clear organizational structure</p> <ul style="list-style-type: none"> • roles and responsibilities • orientation for new members • process for electing or appointing leadership positions • guidelines for managing funding, meetings, communications, and marketing 	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	
<p>Clear coalition mission / vision statement</p>	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	
<p>Coalition Capacity Assessment</p> <p>Used to assess the current level of collaboration and functioning of the coalition</p>	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	

Coalition Trainings		
<p>Coalition Training Covering:</p> <p>The Alaska Community Reentry Manual Coalition purpose and structure The Coalition Capacity Assessment The Community Readiness Assessment The Community Resource Assessment The Community Reentry Plan</p>	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	
Coalition Process Deliverables		
<p>Community Readiness Assessment</p> <p>A measurable, issue-specific assessment of community members to assess the degree to which a community is ready / interested in acting on an issue.</p>	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	
<p>Community Resource Assessment</p> <p>Addresses the community’s capacity to meet the needs of the reentrants and provides the coalition with a unified understanding of the gaps in community resources.</p>	<input type="checkbox"/> Started <input type="checkbox"/> Implemented <input type="checkbox"/> Completed <input type="checkbox"/> Not Applicable	