

**DBH Treatment and Recovery FY23 Grant**  
**Bethel Sobering Center**  
**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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Quarterly Sobering Center Narrative (Narrative of Sobering Center Activities)

A Cumulative Financial Report (CFR) for the quarter  
(If there are expenditures over or under budget for the quarter, reasons must be noted on report).