

DBH Treatment and Recovery FY23 Grant
CBHTR – Peer and Consumer Support 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 (select one);
 - FY23 Peer and Consumer Support Services Report (Northern Hope Center, Alaska Mental Health Consumer Web, Choices – Peer Bridger)
 - FY23 Peer Navigation Report (Alaska Youth and Family Network)
 - FY23 Clubhouse Report (Polaris House)
- 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.)
- FY23 ISM-EBP Report (for agencies providing ISM services)