

DBH Treatment and Recovery FY23 Grant
CBHTR Substance Use Disorder Residential Treatment Services
Quarterly Report Checklist & Transmittal Coversheet

To: DHSS Finance & Management Services
Grants & Contracts Section,
Attention _____
Grant Administrator

Date: _____

Organization: _____

Grant Number: _____

Form submitted _____

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 – CBHTR SUD Residential Treatment Services