

DBH Treatment and Recovery FY23 Grant
Residential Care for Children & Youth – Training
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 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.

- Quarterly Program Report (organizations format) at a minimum covering:
1. Trainings Held – number of participants by program and position, number of participants completing training, synopsis of training evaluation by participants and location of training.
 2. Number of RCYCP, MAB, Mandt, and Gatekeeper Suicide Prevention trainings held – name and organization of participants passing the test. For those who do not complete, provide a follow up test. If after two attempts, participants do not pass the test, report to RCCY Program Coordinator.
 3. Number of subsequent organization staff trainings provided by participants trained as RCYCP trainers.
 4. Number/type of training each organization/RCYCP program has had for each fiscal year.