**Instructions**

The Subrecipient Quarterly Progress Report is the form used by all NH Project FIRST FR-CARA award recipients to report programmatic data pertaining to the performance of their projects for the reporting Quarter only. Quarterly reports are an important way for staff to monitor the progress of a subrecipient's project.

Subsequent reports are to be submitted within 15 days after the end of each quarter until the project is complete. Failure to submit reports on time can result in delayed reimbursement, loss of funding, and future grant awards.

Be sure to carefully read through the instructions below before completing the form. The level of data reported on this form will vary depending on your program design. For answers that do not apply to your program, simply leave blank or mark as 0.

**Data Definitions**

Please use the following definitions to define specific data points:

**At-risk:** A person who is or may be suffering from Substance Use Disorder/Opioid Use Disorder, or has the potential to use an opioid due to their environment, and is at-risk to experience an overdose event.

**Support Network:** A person(s) who is the friend, intimate partner, family member or other individual who interacts on a normal basis with the at-risk person such as boyfriend, girlfriend, parent, spouse, friend, provider, etc.

**Milestones:** Found in your original proposal narrative; an outline of a timeline of goals and objectives.

**Equipment:** Tangible goods. (See 45 CFR 75.2 Definitions)

**Referral:** A referral is any activity that gives an at-risk individual or support network knowledge of services available to enter treatment or recovery. Communities have flexibility to determine what this number is on the agency level. This may be through personal interaction, dedicated phone line, or online communication.

**Training:** Training or training activities are defined as events that are performed in a dedicated time frame with the purpose of conducting training.

**Reimbursement Instructions**

Included with your quarterly report should be a reimbursement request for expenditures incurred during the reporting period. Generally, reimbursement requests include an invoice, reimbursement spreadsheet, and additional reimbursement documentation if requested by the Division or SAMHSA Program Office. These items are described as follows:

**1. Invoice or reimbursement request form:** This is your letter requesting reimbursement. This document should be submitted on the community’s letterhead and include the date of the request, the time period covered by the request, and the total requested.

**2. Reimbursement spreadsheet:** The Division uses your expenditure spreadsheet to track expenditures by budget line item. This document incrementally tracks grant budget expenditures by budget categories. The spreadsheet is customized to reflect the grant budget, work plan, contract, and any amendments. Only approved budget items are eligible for reimbursement and all expenses must comply with grant guidance and cost principals

**3. Reimbursement documentation as requested:** Supplementary documentation required for reimbursement varies depending on the risk assessment of the subrecipient, the terms and conditions of award, program complexity and/or the accuracy of reports. Some grant agreements may require the grantee submit copies of receipts, invoices, and time records (payroll) with a reimbursement request. Your Program Officer will notify you as to any required documentation from your agency.

**Questions regarding this form should be directed to your Program Officer.**

**Please feel free to contact the NH Project FIRST Program office at 603-229-4200**

Questions regarding this form should be directed to your Program Officer.

Please refer to the instructions page on how to complete. All data must reflect activities for reporting the Quarter only.

**Subrecipient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** |  | **Phone:** |  |
| **Address:** |  | **Dept. Type:** |  |
| **City/Town, St:** |  | **# of Towns:** |  |
| **Zip Code:** |  | **Population:** |  |

**Submission Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **FFY:** |  | **Submitted By:** |  |
| **Period:** | **Q1**  **Q2**  **Q3**  **Q4** | **Date:** |  |
| **Status:** | **Not Started**  **Delayed**  **On Schedule** | | |

**Data Collection & Reporting**

(For reporting Quarter only)

|  |  |  |
| --- | --- | --- |
| **Activity** | **QTY** | **Notes** |
| **Naloxone Distribution** | | |
| Naloxone Kits Issued to First Responders: |  |  |
| Naloxone Kits Distributed to At-Risk Persons: |  |  |
| Naloxone Kits Distributed to Support Systems: |  |  |
| **Total Naloxone Kits Distributed:** |  |  |
| **First Responder Training Activities** | | |
| First Responders Trained in Opioid Awareness: |  |  |
| First Responders Trained in CPR & Naloxone: |  |  |
| First Responders Trained on Compassion Fatigue: |  |  |
| Other Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **At-Risk/Support Network Training Activities** | | |
| Provided Opioid Awareness Training: |  |  |
| Provided Naloxone Use Training & Good Sam. Law: |  |  |
| Provided Training on CPR and Rescue Breathing: |  |  |
| **Community Engagement Activities** | | |
| # of Community SUD-OUD Events: |  |  |
| **Additional Data (If Known)** | | |
| Individuals Referred to Services |  |  |
| # of At-Risk Successfully Connected to Treatment: |  |  |
| # of Opioid ODs Reversed Using Project FIRST Kit: |  |  |

**Expenditures**

(For reporting Quarter only)

Please provide a breakdown of expenditures for the reporting period or quarter:

|  |  |  |
| --- | --- | --- |
| **Activity** | **Amount** | **Notes** |
| **Program Activities** | | |
| Wages and Compensation\*: |  |  |
| Travel: |  |  |
| Training\*\*: |  |  |
| Equipment: |  |  |
| Supplies: |  |  |
| Other\*\*\*: |  |  |
| Indirect: |  |  |
| **Total Program Costs:** |  |  |
| \* Wages and Compensation expenses include all compensation-related expenses incurred by the subrecipient.  \*\*Includes registration, conference and instructor fees.  \*\*\*All expenditures not covered by a category should be included in other supporting costs.  Note: Expenditures for the quarter must still be broken down on a spreadsheet supplied with your reimbursement and matching the budget submitted. | | |
|
|

**Budget & Accounting**

(For reporting Quarter only)

Are any costs for your program expected to go over budget?  Yes  No

Are there costs required that were not covered by your proposed budget?  Yes  No

Do any expenditures deviate from cost principals as defined by grant guidance?  Yes  No

Have you purchased any equipment valued over $5,000?  Yes  No

Have you sold any assets that were purchased using grant funds?  Yes  No

Are any of your expenditures already covered by other operating or grant budgets?  Yes  No

Briefly explain any Yes answers:

|  |
| --- |
|  |

\*Attach additional sheets if needed

**Program Status**

(For reporting Quarter only)

Have you accomplished your milestones for this quarter?  Yes  No

Do you have any success stories that you wish to share?  Yes  No

Please provide a brief narrative as to the progress and accomplishments of your program this quarter:

|  |
| --- |
|  |

\*Attach additional sheets if needed

**Situational Analysis**

(For reporting Quarter only)

Are there significant issues that threaten your program success?  Yes  No

Are there any barriers that hinder you from meeting milestones?  Yes  No

Briefly describe any changes in need, barriers, challenges and/or threats to the program:

|  |
| --- |
|  |

\*Attach additional sheets if needed

**Recommendations for Improvement**

(For reporting Quarter only)

Briefly describe any recommendations to improve the NH Project FIRST at a local or state level:

|  |
| --- |
|  |

\*Attach additional sheets if needed

**Certification & Compliance**

Included in this packet is a Request for Reimbursement letter on town/city letterhead requesting the total amount of reimbursement for this quarter’s expenses.

Included in this packet is any supplementary documentation required for reimbursement as defined by special conditions or at request of the State of New Hampshire as outlined by the terms and conditions of the grant agreement.

Included in this packet are any programmatic records or documentation supporting the performance of the project to be used in conjunction with this quarterly report for use in accurate evaluation.

I understand that all records and documentation pertaining to FR‐CARA funds are required to be retained for a period of three (3) years from the date of closeout to include, but is not limited to, grant applications, copies of financial reports, progress reports, expenditure reports, invoices, contracts, related correspondence and memoranda (which may include emails).

By entering my name and today's date, I agree that I understand that these forms are required to be submitted on a quarterly basis. I understand that failure to report by the deadline or providing any false information may result in the inability to distribute any further monies or benefits related to this project until a complete and accurate report has been sent to NH Project FIRST staff. In addition, failure to report on time may result in the loss of future funding/grant awards.

**Signature**

|  |  |
| --- | --- |
|  |  |
| Printed Name | Position |
|  |  |
| Signature | Date |