

Cardiovascular Health, Nutrition and Physical Activity Section Quarterly Report Form

NOTICE: This report form is adapted for various Agencies. Some areas of this form will not affect your agency. Agencies with multiple projects under one contract must complete a separate report for each project.

1. Agency Name:

2. Report Prepared by:

3. Telephone:

4. Email:

5. Project Name (if applicable):

6. Report for: Qtr. 1 Qtr. 2 Qtr. 3 Qtr 4 **Submission date:**

7. **Progress for quarter: (limited to 250 words or less – Times New Roman 12 font)**

8. **Provide a brief success story: (limit to 200 words or less – Time New Roman 12 font)** *Information to include in your story: factors (partnerships, supplemental funding, other) that contributed to the project's success during this quarter, what effect the success had on the project, and any other important aspects of the success and the process of achieving it.*

9. **Number of People Reached this Quarter (outreach):**

10. **Number of People Served this Quarter (direct service):**

State Use Only: Evaluation Consultant Site Visit Report:

1. Are the steps described in the work plan on schedule? Yes No

2. If not, does the applicant provide an explanation in question 7? Yes No

3. Is evaluation data available? If so, please attach to summary report

4. What is your recommendation for the agency?