Wisconsin DHS HCBS ARPA Grants Quarterly Report Template (For Reference Only)

Introduction

All grantees are contractually obligated to submit this quarterly report, which summarizes progress made on the goals and outcomes of each grant project. The goal of the report is to detail how the funds you received were used by your organization and the impact created in the community. The report also contains information on challenges or changes that may have occurred during the grant period.

The report will be due on a quarterly basis using the following schedule:

Quarter	Reporting Period	Report Due
1	January 1 – March 31	April 30
2	April 1 – June 30	July 31
3	July 1 – September 30	October 31
4	October 1 – December 31	January 31

Project Overview

Please describe your project.

(2 sentences or less)

Have there been any changes to the original proposal?

☐Yes

☐No

If so, what are the changes?

(2 sentences or less)

How has your project met the needs of your community?

(2 sentences or less)

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Do you permit DHS to use information reported here about your project in a public report *(for example, on DHS's website, in a press release, etc.)?*

☐Yes

☐No

I attest that all funds were used in accordance with CMS Guidance from SMD# 21-003 RE: Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency, which requires 1) organizations to supplement, not supplant, existing state funds expended for Medicaid HCBS; 2) to use state to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program; 3) to spend funding only on allowable activities: Appendices B, C, and D provide a brief description of eligible services under section 9817 of the ARP.

☐Yes

☐No

Project Milestone Progress and Funding

Total Award Amount	Pulled from Payment File
Total Funding Received to Date	Pulled from GrantsConnect
Estimated Project Start Date	Pulled from GrantsConnect
Estimated Project End Date	Pulled from GrantsConnect

Project Milestone	Est. Start Date	Est. End Date	Not Started / In Progress / Complete?	Describe progress to date	Describe next steps	Total Funding Requested	Total Funding Spent	Total Remaining
Pulled from application budget	*Pulled from application budget*	*Pulled from application budget*		*n/a if not started*	*n/a if complete*	*Pulled from application budget*		*Auto-calculate Total Allocated – Total Spent*
1.			Choose an item.					
2.			Choose an item.					

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3.			Choose an item.					
4.			Choose an item.					
5.			Choose an item.					
6.			Choose an item.					
7.			Choose an item.					
TOTAL	n/a	n/a	n/a	n/a	n/a			

For milestones completed this quarter, please upload receipts, invoices, or other forms of verification that support your spending[1].
Upload field

Has your project start date changed?

☐Yes

☐No

 If yes, describe why:

Has your project end date changed?

☐Yes

☐No

 If yes, describe why:

Provide a brief description of how funds are planned to be spent in the future.

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[1] This will only apply to milestones that are complete

Do you need additional funding at this time?

☐Yes

☐No

    If yes, describe why:

Project Impact, Evaluation and Outcomes

Project Impact

	HCBS Participants	Families of HCBS Participants	Direct Care Workers	HCBS Providers	Other
Estimated	Pulled from application	Pulled from application	Pulled from application	Pulled from application	Pulled from application
Current Total²					

Project Outcomes

Evaluation Component	Component Description	Have these been measured?	If yes, what results have been achieved?	If no, why not?
Project Outputs: *Activities*	Pulled from application	☐Yes ☐No	n/a if no	n/a if yes
Project Outputs: *Participation*	Pulled from application	☐Yes ☐No	n/a if no	n/a if yes
Short-term Outcomes	Pulled from application	☐Yes ☐No	n/a if no	n/a if yes
Intermediate Outcomes	Pulled from application	☐Yes ☐No	n/a if no	n/a if yes
Long-term Outcomes	Pulled from application	☐Yes ☐No	n/a if no	n/a if yes

Project Evaluation

Evaluation Process	Is this still your evaluation process?	If no, how are you evaluating the success of your project?	Describe the overall measurement and impact of your project

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² This total should reflect total to date – not just the total for the current quarter.

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Evaluation Process pulled from application	☐Yes ☐No	n/a if yes	