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

(2 sentences or less)

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

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	
2021 Section 9817: Additional Support for Medicaid Forganizations to supplement, not supplant, existing simplementation of one or more activities to enhance	MS Guidance from SMD# 21-003 RE: Implementation of American Rescue Plan Act of Home and Community-Based Services during the COVID-19 Emergency, which requires 1) tate funds expended for Medicaid HCBS; 2) to use state to implement or supplement the , expand, or strengthen HCBS under the Medicaid program; 3) to spend funding only on 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	Est. Start	Est. End Date	Not Started /	Describe	Describe	Total	Total	Total
Milestone	Date		In Progress /	progress to	next steps	Funding	Funding	Remaining
			Complete?	date		Requested	Spent	
Pulled from	Pulled from	Pulled from		n/a if not	n/a if	Pulled from		Auto-
application	application	application		started	complete	application		calculate
budget	budget	budget				budget		Total
								Allocated –
								Total Spent
1.			Choose an					
			item.					
2.			Choose an					
			item.					

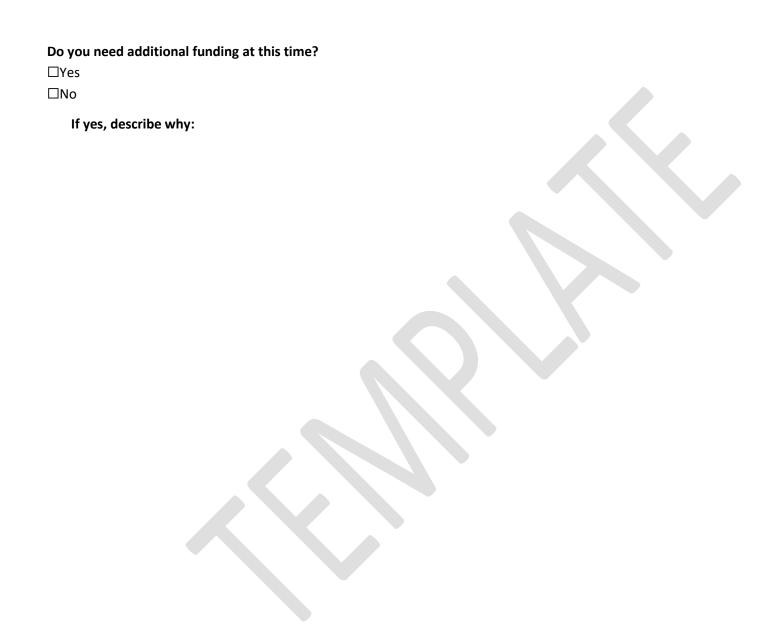
TOTAL	n/a	n/a	n/a	n/a	n/a		
		<u> </u>	item.	,			
7.			Choose an				
			item.				
6.			Choose an				
			item.				
5.			Choose an				
			item.				
4.			Choose an				
			item.				
3.			Choose an				

For milestones completed this quarter, please upload receipts, invoices, or other forms of verification that support your spending¹. Upload field

as your project start date changed?
Yes
No
If yes, describe why:
as 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.

¹ This will only apply to milestones that are complete



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 Total ²					

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

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

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

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