

Quarterly Reporting

FIRST NAME

LAST NAME

EMAIL ADDRESS

CONTRACT NAME

REPORTING PERIOD

CONTRACT NUMBER

Please identify the funds that were expended this quarter along with the description, number of staff and/or students impacted and total expenditures. Please ensure descriptions match those of the approved application. (Select all that apply)

CATEGORY	DESCRIPTION*	NUMBER OF STAFF AND/OR STUDENTS	EXPENDITURES

*Please describe how your grant dollars have addressed a need or gap along the behavioral health continuum of care for students.

TOTAL:

How have the funds expended this quarter directly impacted your staff and/or students? Please provide data if available.

How have the funds expended this quarter addressed student behavioral health needs or develop student behavioral health interventions?

What, if any, barriers has your school district or Special Education Unit encountered when implementing your grant funds?

How have you utilized the Behavioral Health Resource Coordinator(s) and/or Kognito into your behavioral health efforts?

Do you have any general feedback you'd like to provide on how this funding has positively benefited the students (or a specific student in your school district)? If so, please share how this funding is making a difference. (Please omit student names or personal identifying information).

** Please send completed Quarterly Progress Reporting Form, SFN 1763, and account ledger to kastastny@nd.gov by due dates outlined in grant contract. To prevent delays in reimbursement, the amount reported on the Reporting Form, SFN 1763, and general ledger must match.*