

Each report shall include a cover letter in addition to this page.

Each report page must include the following:

- Project Title:
- CMP Request Number:
- Project Leader or Primary Point of Contact's name:
- Project Leader or Primary Point of Contact's email address:
- Project Leader or Primary Point of Contact's phone number:

CMS Award Letter date:

*Sub grant (state contract) terms:

Final Report narrative shall include: (1) the purpose of the sub-grant; (2) the expected outcomes; (3) the actual outcomes; (4) the number of residents that benefited from the project; (5) the status of the action plan for sustainability if the project will continue beyond the grant funding period; and (6) all other requested information described in the Award Letter.

Submit report to CMPSGrants@medicaid.ms.gov and Stephanie Davis at Stephanie.Davis@CMS.hhs.gov.

*Refer to the Sub grant for the Final Report's due date.