

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 date \_\_\_\_\_. (The quarter begins with the award letter date)

This quarterly report's three month time period:

Sub grant (state contract) terms:

Project's goals to include metrics if applicable:

Quarterly narrative should include: new findings, project updates, progress toward implementation timeline, deliverables and goals, successes, pitfalls, and adherence to the budget. Quarterly reports must comply with the CMS Award Letter and contain the following:

1. Progress made on the project during the past quarter
2. Progress made toward stated goals
3. Any difficulties encountered
4. Plans to address difficulties
5. Goals for the next quarter
6. How the project has benefited the residents over the past quarter

Submit report to [CMPSGrants@medicaid.ms.gov](mailto:CMPSGrants@medicaid.ms.gov) and Stephanie Davis at [Stephanie.Davis@CMS.hhs.gov](mailto:Stephanie.Davis@CMS.hhs.gov).

**\*Quarterly reports are due within 30 days of the end of the quarter.**