

Section 4. Outcomes																																													
Outcome 1	State Outcome being measured here:																																												
	State Outcome Instrument here:																																												
Target Level (%)	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			YTD																																
Number of Instruments Given to Individuals				0				0				0				0				0	0																								
Number of Instruments Completed by Individuals				0				0				0				0				0	0																								
Individuals Reporting Desired Outcome				0				0				0				0				0	0																								
Performance Level (%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%																								
Outcome Narrative:																																													
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>FY2011 Projected Targets</th> <th>Sept. 2010</th> <th>Oct. 2010</th> <th>Nov. 2010</th> <th>1st Qtr Total</th> <th>1st Qtr %</th> <th>Dec. 2010</th> <th>Jan. 2011</th> <th>Feb. 2011</th> <th>2nd Qtr Total</th> <th>2nd Qtr %</th> <th>Mar. 2011</th> <th>Apr. 2011</th> <th>May. 2011</th> <th>3rd Qtr Total</th> <th>3rd Qtr %</th> <th>Jun. 2011</th> <th>Jul. 2011</th> <th>Aug. 2011</th> <th>4th Qtr Total</th> <th>4th Qtr %</th> <th>YTD</th> <th>YTD %</th> </tr> </thead> </table>																							FY2011 Projected Targets	Sept. 2010	Oct. 2010	Nov. 2010	1st Qtr Total	1st Qtr %	Dec. 2010	Jan. 2011	Feb. 2011	2nd Qtr Total	2nd Qtr %	Mar. 2011	Apr. 2011	May. 2011	3rd Qtr Total	3rd Qtr %	Jun. 2011	Jul. 2011	Aug. 2011	4th Qtr Total	4th Qtr %	YTD	YTD %
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Section 5. Grant Related Activities for the Reporting Period																																													
Section 6. Successes During the Reporting Period																																													
Section 7. Challenges You Encountered During the Reporting Period																																													

Section 8. Program Impact Narratives	
Section 9. Description of Training and Outreach during the Reporting Period.	
Section 10. Are there any changes in key personnel that may have an impact on grant performance?	
Section 11. Are there any grant-funded positions left vacant for more than three months?	
Section 12. Data Verification	
Data verification required by Authorized Official or Grant Contact: By initialing and dating, I attest that the data and information contained in this report is true and accurate to the best of my knowledge and understanding.	
Initials/Date:	