

FY25 Quarterly Evaluation and Performance Measures Reporting Form

Grantee Name: _____	
Grant Number: 03420-	
Reporting Period (select one):	<input type="checkbox"/> Period 1 Report (September 1, 2024 – November 30, 2024) Due 12/30/24 <input type="checkbox"/> Period 2 Report (December 1, 2024 – February 28, 2025) Due 3/30/25 <input type="checkbox"/> Period 3 Report (March 1, 2025 – May 31, 2025) Due 6/30/25 <input type="checkbox"/> Period 4 Report (June 1, 2025 – August 31, 2025) Due 9/30/25 <input type="checkbox"/> Other _____

Instructions:

Complete the following sections regarding your organization's Overdose Data to Action subgrant with the Vermont Department of Health's Division of Substance Use Programs. This report is due according to the terms of your grant and must be submitted via Alchemer at this link:

<https://survey.alchemer.com/s3/8039388/FY25-OD2A-Reporting>

Reporting Period Successes

1. Please share brief, key successes of the program/project during this reporting period:

Reporting Period Challenges

2. Please share brief, key challenges of the program/project during this reporting period:

Reporting Period Progress Narrative

- 3. Please provide a detailed narrative of the progress the program/project has made during the reporting period.**

Note: Reporting on the Quantity and/or Quality Indicators included in 'Table 1 - Performance Indicators' and the requirements included in 'Section 3: Required Services and Activities' and of Attachment A of your grant is required:

- 4. Please provide a summative narrative of the progress your program/project has made during the entire project period if not included in above successes, challenges, and narrative sections(*for final report only*).**

Note: Reporting on the Quantity and/or Quality Indicators included in 'Table 1 - Performance Indicators' and the requirements included in 'Section 3: Required Services and Activities' and of Attachment A of your grant is required