

Semi-Annual PPHF Reporting Template
PPHF Program: Chronic Disease Self-Management Program Report

Recipient Information

Agency Name:
Street Address and City:
State:
Zip:
DUNS:

Award Amount:

Summary of Recipient and Sub-Recipient Activities:

Sub-Award Recipient (includes sub-grants and sub-contract action with a value of \$25,000 or more, active during the prior six-month period):

Sub-Award Recipient 1:
Sub-Award Date:
PPHF Funding Amount:
Purpose:

Sub-Award Recipient 2:
Sub-Award Date:
PPHF Funding Amount:
Purpose:

Description of Data Requested

Use the template format and submit in WORD only (not PDF). The following provides a brief explanation of the data requested in the fields above. Do not change the format (e.g. no bolded, underlined, capitalized text or bullets) in your responses.

Recipient Information

Name: Include the name of the prime recipient awarded grant funds, e.g., Alabama Department of Senior Services.

Street Address and City: Include street or PO address, and city

State:

Zip:

DUNS:

Award Amount: Include the amount of your award received in the current Federal fiscal year, excluding any carryover funds.

Summary of Activities: Include a BRIEF paragraph (without bullets or other formatting) about your key activities and those of your sub-recipients within the last 6 month period (either January 1- June 30 or July 1 – December 31).

Sub-Award Recipients: Include all sub-grants active within this time period with a value of \$25,000 or greater

Sub-Award Recipient 1: Include the name of the sub-recipient that received funds.

Sub-Award Date: Include the sub-contract action or sub-grant award date.

PPHF Funding Amount: Include the amount of funding awarded.

Purpose: Include a brief summary (1-3 sentence paragraph without bullets) of how PPHF funds are being used by the recipient.

Note: add additional sub-recipient sections as necessary to fulfill reporting requirements. Delete “sub-recipient 2” if not applicable.

Please upload into GrantSolutions as a grant note and also send to Kristie Kulinski at kristie.kulinski@acl.hhs.gov and copy your AoA project officer and binod.suwal@ncoa.org NO LATER than 20 days after the end of the reporting period (i.e., January 20th or July 20th, except if the days falls on a weekend, then submit by the previous business day). ACL will then post the information on the PPHF website.