

**PPHF 2012 Empowering Older Adults and Adults with Disabilities through
Chronic Disease Self-Management Education Programs
Grantee Semi-annual Program Progress Report
(insert dates covered by report)
For the State of _____**

Quantitative Report (This section is populated by system)

Table 1: Quantitative Section of Progress Report

	Prior period to date	Month						Period Total	Cumulative total	Target	Variance
		1	2	3	4	5	6				
Participants											
Completers											

Qualitative Report (Please complete only those sections applicable for this reporting period.)

Program Management and Partnership Development:

Statewide Infrastructure Development:

Sustainability Efforts:

Quality Assurance Components/Fidelity:

Coordination and/or integration with existing CDSME and other community-based prevention programs being delivered to older adults and adults with disabilities in the state:

Challenges Encountered and Solutions:

Products Produced:

Submitted by (person): _____ Date: _____

Grantee Organization Name: _____

Award Number: _____