

PROGRESS REPORT SIGNATURE FORM

*Submit original of completed report to:
California Department of Public Health
Genetic Disease Screening Program
850 Marina Bay Pkwy, F175
Richmond, CA 94804*

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|--------------------------|--|--|
| 1. REPORT PERIOD: | <input type="checkbox"/> ASC Annual Plan | Submit by June 1 for the fiscal year beginning July 1 |
| | <input type="checkbox"/> First Quarterly Report | July 1 - Sept. 30 submit by Oct. 21 |
| | <input type="checkbox"/> Second Quarterly Report | Oct. 1 - Dec. 31 submit by Jan. 21 |
| | <input type="checkbox"/> Third Quarterly Report | Jan. 1 - March 31 submit by April 21 |
| | <input type="checkbox"/> Fourth Quarterly Report | April 1 - June 30 submit by July 21 |
| | <input type="checkbox"/> ASC Year End Summary | Submit by July 31 for the previous fiscal year |
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2. CONTRACT NUMBER:

3. PROJECT TITLE:

4. AGENCY NAME AND ADDRESS:

5. REPORT PREPARED BY:

NAME:

TITLE:

PHONE:

INSTRUCTIONS

- A. Complete reports using the formats provided by the State.**
 - B. Summarize progress made to date toward meeting the objective. Use quantifiable terms if applicable. This should include a brief summary of both implementation and evaluation activities.**
 - C. Briefly describe any problems encountered in implementing an objective. Outline strategies for dealing with any unresolved problems. Discuss personnel transactions (including vacancies) which have had an impact on meeting an objective.**
 - D. Address any issues needing the special attention of State staff.**
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CERTIFICATION OF PROJECT DIRECTOR/KAISER LEAD COORDINATOR

I affirm that the information present in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature: _____

Date: _____

(Project Director/Lead Coordinator)
