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QUARTERLY REPORT FILLABLE.pdf
stet Oct 6, 2022 by Kentucky Family Planning

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Kentucky Family Planning TITLE X FAMILY PLANNING QUARTERLY REPORT



Agency Name _____ Date _____
Time period of report: JAN 1 – MAR 31 (Due Apr 14th) APR 1 – JUN 30 (Due Jul 14th)
 JUL 1 – SEP 30 (Due Oct 14th) OCT 1 – DEC 31 (Due Jan 14th)

Submit Quarterly Report to WomensHealthInvoices@ky.gov

Number of Family Planning Encounters: _____ Unduplicated Clients: _____
INCENTIVE Type: _____ (# per item) _____ # purchased: _____ # distributed: _____

Submit each of following twice a year: Outreach, and Budget Expense Report

OUTREACH ACTIVITY YES, details below Plan later date NA

Date(s) of activity: _____ Hours of activity: _____ Targeted County: _____

Activity type: _____ Location/Venue of activity: _____ Estimate prep time: _____

Population activity intended to reach: _____ Number of people reached: _____

Description/Purpose of event: _____

Evaluation of Success: _____

Feedback of participants/staff: _____

Title X Family Planning Budget Expense Attached: YES NO

Submit each of following once a year: Quality Improvement Project, I&E Meeting, CPEP Discussed or Reviewed.

QUALITY IMPROVEMENT PROJECT: Initiated In-Progress Completed NA

Expected date of completion: _____ Describe Goal: _____

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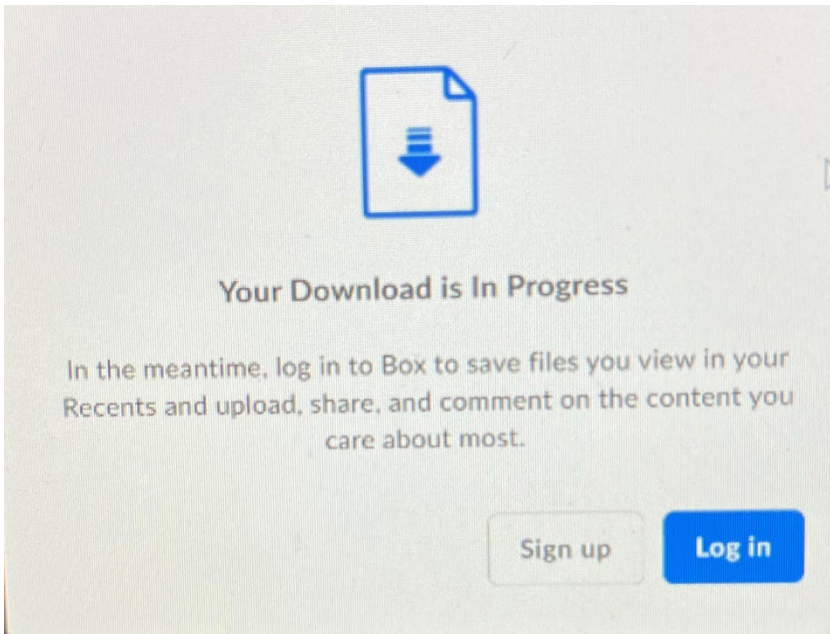
Add Task


Kentucky Family Planning uploaded v1 - 2

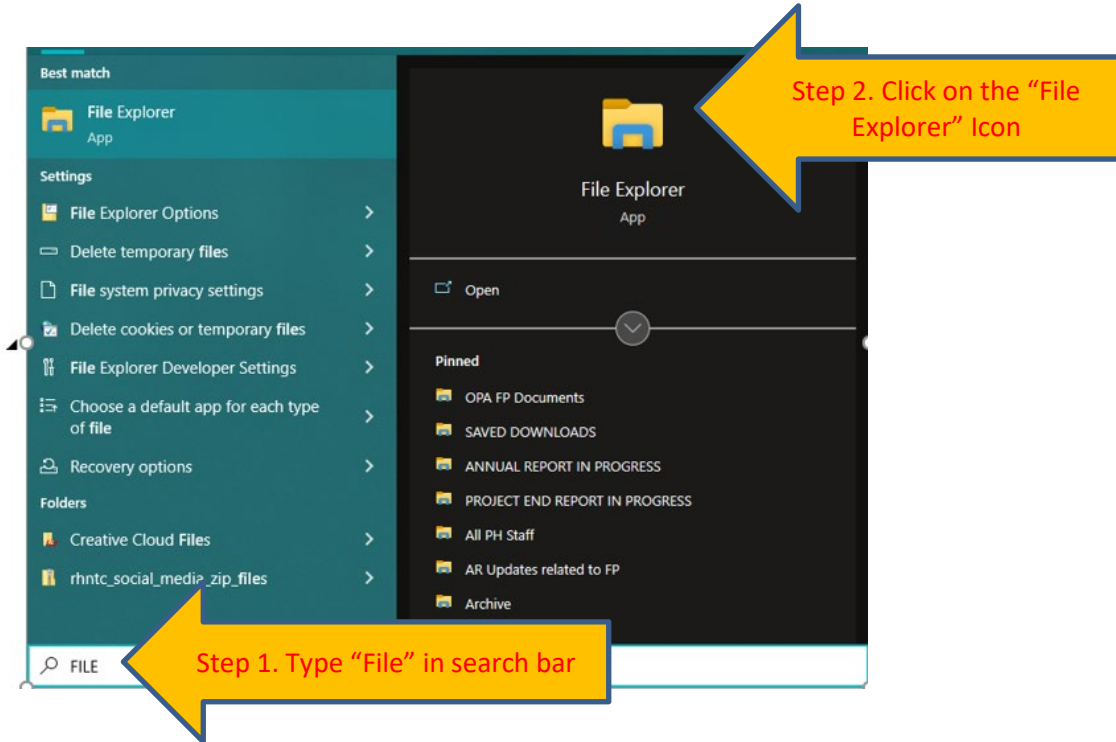
Write a comment

@mention users to notify them.

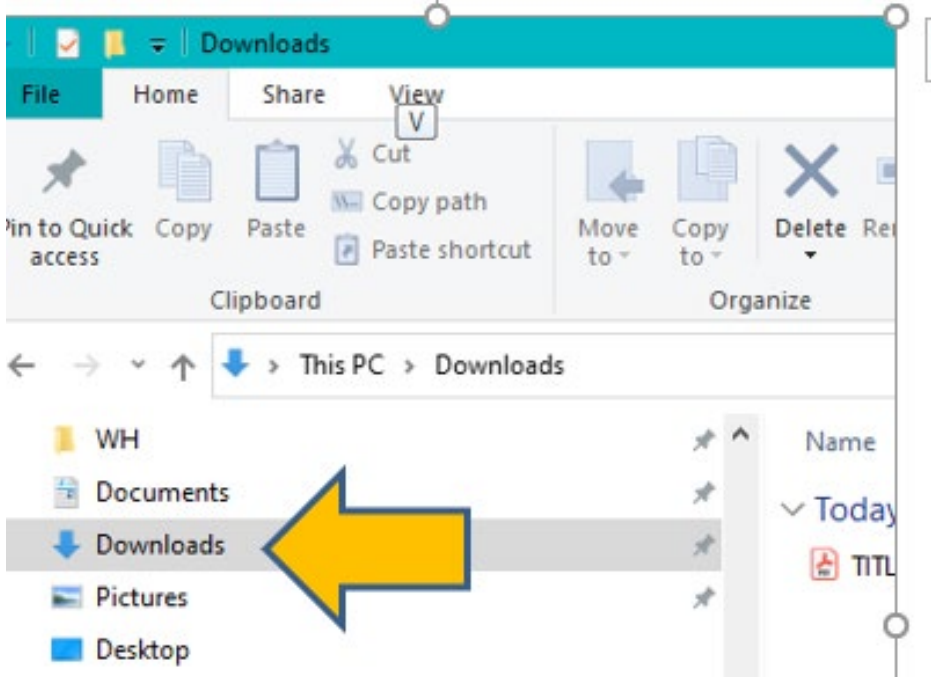
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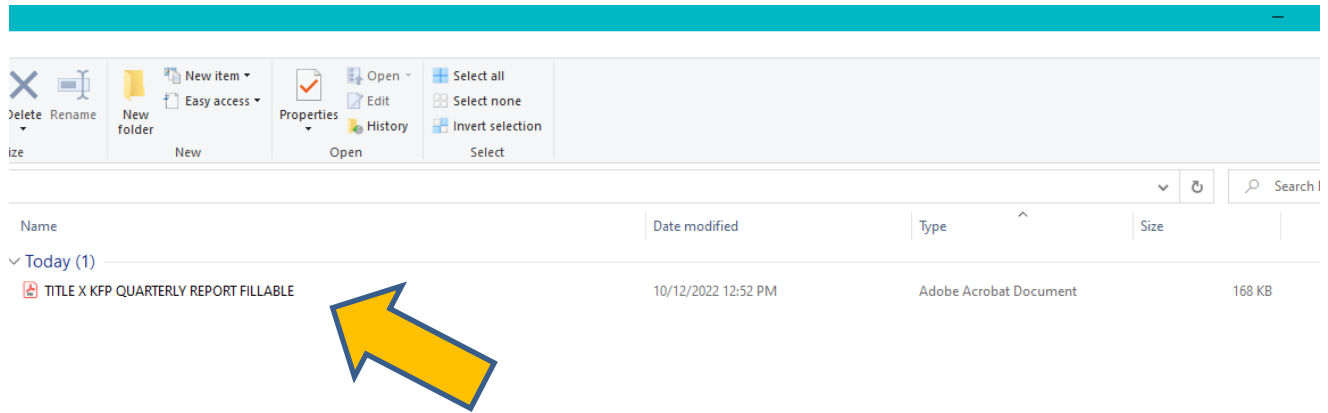
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4. Click on your "Downloads" file



5. Click on “Title X KFP Quarterly Report Fillable”



6. If you have further problems, contact your computer staff or email FamilyPlanning@ky.gov.