Noble County Opioid Settlement Funding

Semi Annual/Final Progress Report

Grantee Name:

Date of Report:

Semi Annual or Final Report:

Describe the progress in meeting the expectations of your Action Plan described in your grant proposal:

Describe the current point on your proposed Project Timeline:

Please list the goals identified in your grant request and list your progress in meeting those Performance Measurement goals:

Please list any concerns you have in regards to meeting the goals of your program or project: