Grantee Name:

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Reporting Coordinator:

Grant #:

4-in-1 Reporting Electronic Template

The Office of Urban Indian Health Programs provides this optional PDF template to submit required information instead of developing your own reporting document. This template is available at the 4-in-1 Grant webpage at https://www.ihs.gov/urban/4-in-1-grant-program/. The text boxes have a variety of character limits. Please be concise.

Reporting Period (select one):

Date Submitted:

Program Focus:

What percent (%) of the total program is each focused area?

Health Promotion/Disease Prevention (HP/DP):   %   Alcohol/Substance Abuse: %

Immunization: %   Mental Health: %   %

A. Programs at a Glance

Instructions: For each health program area, briefly describe the strengths. Please consider the following items when responding to this question: partner collaboration, in-kind funding, program sustainability, etc.

Program	A1. Strengths of Program
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

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Instructions: If your program has faced any barriers or challenges this quarter, please briefly describe. Consider the following items when responding to this question: staff or board turnover, natural disasters, unmet needs, etc.

Program	A2. Barriers/Challenges
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

Instructions: Please briefly describe your next steps to plan for the upcoming quarter. This may also include an action plan for any barriers or challenges reported or recommendations for improving the health services for the needs of Urban Indians.

Program	A3. Next Steps/Future Planning
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

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B. Progress Toward Objectives

Instructions: Please indicate the cumulative percent of the objectives by entering your total number of tasks as the "Target" number and your total number of completed tasks as the "Actual" number.

B1. HP/DP Work Plan		
Service	**Objective**	**Percent of Objective completed**
		0% 100% [Target] [Actual]
		0% 100% [Target] [Actual]

B2. Immunization Work Plan		
Service	**Objective**	**Percent of Objective completed**
		0% 100% [Target] [Actual]
		0% 100% [Target] [Actual]

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	B3.	Alcohol/Substance Abuse Work Plan	
Service	**Objective**	**Percent of Objective completed**	
		0% 100% Target Actual	
		0% 100% Target Actual	

	B4.	Mental Health Work Plan	
Service	**Objective**	**Percent of Objective completed**	
		0% 100% Target Actual	
		0% 100% Target Actual	

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C. Program Approaches

C1. If your program used practice- or evidence-based approaches this quarter, please describe.

C2. If so, were the practice- or evidence-based approaches modified to include culture or tradition?   Yes   No

C3. How did you learn about this approach? Check all that apply.

The approach is described on a Federal website or database of evidence-based interventions

The approach was published in a professional book or journal

The approach was presented at a training or conference

The approach was reviewed and suggested by our tribal elders

The approach emerged from community leaders who found the practices have been effective in our community or a community similar to ours

Other, please explain:

C4. If your program integrated cultural and traditional practices into program services this quarter, please describe (story-telling, traditional plants, sweats, etc).

C5. For this quarter, please describe how the program has made a difference or had an impact on the community. You may include links to photos, short videos or digital stories.

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D. Program Updates

For each health program area, please indicate any changes during the quarter. Check all that apply and briefly describe in the table below.

Staffing   Partners   Other: please explain
Responsible Parties   Timeline

Program	D1. Program Change and Explanation
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

D2. If there is anything else you would like to share from this quarter, please describe here.   .