

## Template 30 - Proviso Project Return on Investment Report



**Purpose:** This report serves to track the progress of **proviso projects** and quantify the return on investment, in both financial and human terms. This report should be completed quarterly and submitted to the managing entity (ME) by October 15, January 15, April 15, and July 15.

### General Information

\_\_\_\_ General Appropriations Act      Specific Appropriation #: \_\_\_\_\_      ME: \_\_\_\_\_  
Year

Provider: \_\_\_\_\_      Project Name: \_\_\_\_\_

\*Project Start Date: \_\_\_\_\_      Proviso Allocation Amount: \$ \_\_\_\_\_

Reporting Period: ☐ Quarter (Q) 1 (July-Sep) ☐ Q 2 (Oct-Dec) ☐ Q 3 (Jan-March) ☐ Q 4 (April-June)

### Brief Project Description

Target Population: (check all that apply): ☐ Adults ☐ Children ☐ At-Risk ☐ Mental Health only ☐ Substance Use only ☐ Co-Occurring Disorders ☐ Criminal/Juvenile Justice ☐ Child Welfare ☐ Homeless ☐ Veterans ☐ Other (provide details):

Length of Services (if using an average, please note so):

Description of Services Offered:

Location of Service Provision (*i.e., office, school, home, jail, etc.*):

Project Staffing Plan and Credentials (*i.e., # of staff, title, education level*):

Project Goal(s) as stated on the Local Funding Initiative Request:

## Outputs and Outcomes

**Contracted** Targets (*list the performance measures and associated targets outlined in your contract*):

Individuals to be Served: \_\_\_\_\_

Contractual Performance Measures for this project:

**Actual** unduplicated number of individuals served: Reporting Period \_\_\_\_\_ Year to Date \_\_\_\_\_

**Actual** Performance Outcomes (*i.e., improvement in functioning, decrease in substance use, increase in employment or school attendance, increase in recovery capital, etc.*):

If not a service project, list applicable outputs (*i.e., # of individuals trained, # of site impressions, etc.*):

If applicable, describe a success story: ☐ N/A

**Cost**

Expenditures for entire allocation: Reporting Period \$\_\_\_\_\_ Year to Date \$\_\_\_\_\_

Cost per person: \$\_\_\_\_\_ (Divide Year to Date Expenditures by Year to Date Unduplicated # of individuals served)

Cost Avoidance this Quarter (*use table below to demonstrate cost avoidance and provide a narrative on your methodology*):

Example:

Intervention Avoided	# of Individuals Diverted	# of Days Diverted	Cost per Day	Cost Avoidance
<i>Residential Treatment Center - SIPP</i>	<i>2</i>	<i>90</i>	<i>\$487.42</i>	<i>\$87,735.60</i>

Intervention Avoided	# of Individuals Diverted	# of Days Diverted	Cost per Day	Cost Avoidance
			TOTAL	

Cost Avoidance Narrative (*explanation of methodology*):