



OPERATING GRANT

Organization: _____

Quarter: _____

Please complete **one performance measures report per grant activity** as indicated on Attachment B (CSP Performance Measures Chart) of your CSP Operating Grant Agreement

Performance Measures Report						
Activity:						
	Projected	QT 1 Actuals	QT 2 Actuals	QT 3 Actuals	QT 4 Actuals	Total
Output Goals: <i>(How much?/How many?)</i>						
Outcome Goals: <i>(How will consumers benefit?)</i>						

