

Alaska Department of Health & Social Services Division of Senior & Disabilities Services

Title III Nutrition, Transportation, & Support Services

2020

Cumulative Fiscal Report 2 (CFR2)

Quarter _____

Provider _____ Grant # 607-309-20 Date _____

Please refer to Instructions tab **Service Delivery**

Quarter	Nutrition				Transportation		Support Services				Service units match SAMS data
	Congregate Meals	Home Delivered Meals	N Ed* groups	N C individual	Unassisted	Assisted	Home-maker	I&A	Outreach to individuals	Outreach Public Information	
1											
2											
3											
4											
Total	0	0	0	0	0	0	0	0	0	0	0

Grant and Total Expenditures match GEMS

Services completed by _____ Contact information _____

<i>Cost/unit</i>											
<i>Grant</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

N Ed* Nutrition Education

NC*Counseling

Expenditures

											Total	
Grant	1											0
Award	2											0
Funds	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0

Grant/	1											0
Program	2											0
Income	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0

Local &	1											0
In Kind	2											0
Match	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0

Other	1											0
	2											0
	3											0
	4											0
Total		0	0	0	0	0	0	0	0	0	0	0

Total Expenditures	1	0	0	0	0	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0	0	0	0	0
	4	0	0	0	0	0	0	0	0	0	0	0
	Total		0	0	0	0	0	0	0	0	0	0

<i>Cost/unit</i>												
<i>Total</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Expenditures completed by _____ Contact information _____