



COUNTY OF ADAMS
OPIOID SETTLEMENT FUNDS GRANT PROGRAM
Quarterly Report - Reporting Period **<Insert Date Range>**

1. Awardee Information

- Name of Project: _____
- Name of Awardee: _____
- Contact Person: _____
- Phone Number: _____
- Email: _____

2. Financials

- Total Program funds spent to date: _____
- Total Program funds spent this quarter: _____
- Select other sources of funds that are assisting this project, if applicable:
 - ☐ Community/Organizational Funds
 - ☐ Municipal Funds
 - ☐ County Funds
 - ☐ State Funds
 - ☐ Federal Funds
 - ☐ Other, please specify: _____
- Total Other funds spent to date: _____
- Total Other funds spent this quarter: _____

3. Activities

- Summarize activities performed this quarter, including any achievements and or challenges. (attached additional sheets if necessary):

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