



**COUNTY OF ADAMS**  
**OPIOID SETTLEMENT FUNDS GRANT PROGRAM**  
Quarterly Report - Reporting Period \_\_\_\_\_

**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):