Lakeshore Regional Entity Prevention Monitoring and Evaluation Tracking Report (Quarterly Reports Due January 10, April 10, July 10, October 10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency:** |  | **Date Submitted:** |  | **Project Name:** |  |
| **Insert the Strategies, Activities, Projected Benchmarks, Projected Outcomes and Method for tracking for your prevention programs.****Then fill in your actual Benchmarks (outputs) and Short-term Outcomes for the year to date.** |
| **Strategy** | **Activity** | **Projected Benchmarks (Outputs)** | **Actual Benchmarks (Outputs)** | **Projected Short-term Outcome****Objectives.** | **Actual Short-term Outcome Objectives** | **Method for Tracking Short- term Outcomes** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |