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

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| **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** |
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