DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Performance Measures	Grant Number	Application Tracking Number

Focus Area:	
Performance Measure	
Target Goal Description	
Numerator Description	
Denominator Description	
Baseline Data	**Baseline Year:** **Measure Type:** **Numerator:** **Denominator:** **Calculated Baseline:**
Progress Field	
Projected Data (by December 31, 2018)	
Data Source & Methodology	**Data Source:** ☐ EHR ☐ Chart Audit ☐ Other (If Other, please specify) : _____ **Data Source and Methodology Description:**
Key Factor and Major Planned Action #1	**Key Factor Type:** ☐ Contributing ☐ Restricting **Key Factor Description:** **Major Planned Action Description:**
Key Factor and Major Planned Action #2	**Key Factor Type:** ☐ Contributing ☐ Restricting **Key Factor Description:** **Major Planned Action Description:**
Key Factor and Major Planned Action #3	**Key Factor Type:** ☐ Contributing ☐ Restricting **Key Factor Description:** **Major Planned Action Description:**
Comments	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29 Rockville, Maryland, 20857.