

## Nebraska Medicaid and Long-Term Care CMP Fund Grant Milestone Tracking Report

Entity:  
Grant Title:

Grant #:  
Date:

Check One: Initial Report  Six-Month Report  Summary Report

Person Completing the Report:

Describe each of the milestones as submitted in the Application for use of CMP Funds, Section 13, in the Milestone Tracking column. Record the projected milestone expected as submitted in the grant application in the Projected column. Record the outcome in the Actual column.

Milestone Tracking	Projected	Actual
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		
<b>9.</b>		
<b>10.</b>		

## **Nebraska Medicaid and Long-Term Care CMP Fund Grant Milestone Tracking Report**

1. Describe progress on the Milestones identified for this project.
2. Describe Milestones that have exceeded expectations.
3. Describe any Milestones that have fallen short of expectations and your efforts to improve.
4. Describe activities to support sustainability of the project once grant funds end.