**ATTACHMENT F – SDOH Grantee Required Performance Measures Monthly Table**

*Instructions: In column 2-13, list your feasible FY 2026 monthly targets. This should add up to your annual targets in Attachment E. The rows here correspond to the rows in Attachment E.*

*Additional* ***performance measures*** *(items for which an annual target can be predicted) or* ***reportable results*** *(items where annal targets are less predictable due to variable community need) that are specific to your program design should be added to this list.*

***Submit this Attachment with the Project Narrative/Technical Proposal (Volume 1).***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Req Components** | **Jul 25** | **Aug 25** | **Sept 25** | **Oct****25** | **Nov 25** | **Dec 25** | **Jan 26** | **Feb 26** | **Mar 26** | **Apr 26** | **May 26** | **Jun****26** |
| # Of encounters  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Of engagements  |  |  |  |  |  |  |  |  |  |  |  |  |
| # Of newly enrolled  |  |  |  |  |  |  |  |  |  |  |  |  |
| # completing social needs assessment |  |  |  |  |  |  |  |  |  |  |  |  |
| # referred to >= 1 social needs services |  |  |  |  |  |  |  |  |  |  |  |  |
| # of completing >= 1social needs referrals |  |  |  |  |  |  |  |  |  |  |  |  |
| # who completedfollow up |  |  |  |  |  |  |  |  |  |  |  |  |
| # who completed exit survey |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Service: Housing** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving directhousing services |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct Service: Food** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving direct food services |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Jul 25** | **Aug 25** | **Sep 25** | **Oct****25** | **Nov 25** | **Dec 25** | **Jan 26** | **Feb 26** | **Mar 26** | **Apr 26** | **May 26** | **Jun****26** |
| **Optional Direct Service: Transport** |  |  |  |  |  |  |  |  |  |  |  |  |
| # Of receiving direct transport services |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Serv: PCare Access** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving directprim care services |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Service: Job svcs** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving direct jobopportunity services |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Service: Violence** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving direct violence reduct svcs |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Service: Education** |  |  |  |  |  |  |  |  |  |  |  |  |
| # receiving directeducation services |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Optional Direct****Service: Obesity** |  |  |  |  |  |  |  |  |  |  |  |  |
| # who enroll  |  |  |  |  |  |  |  |  |  |  |  |  |
| # who reduce calories |  |  |  |  |  |  |  |  |  |  |  |  |
| # who incr phys act |  |  |  |  |  |  |  |  |  |  |  |  |
| # who decrease BMI |  |  |  |  |  |  |  |  |  |  |  |  |
| # who maintain 60 d |  |  |  |  |  |  |  |  |  |  |  |  |
| # who maintain 90 d |  |  |  |  |  |  |  |  |  |  |  |  |
| # who maintain 180 d |  |  |  |  |  |  |  |  |  |  |  |  |