**ATTACHMENT E - Grantee Required Performance Measure Tables**

Complete this attachment for the focus area of your application.

*Additional* ***performance measures*** *(items for which an annual target can be predicted) or* ***reportable results*** *(items where annual targets are less predictable due to variable community need) that are specific to your program design should be added to this list. Only fill out the topic area proposed. If you are proposing a new performance measure (PM) or reportable measure (RM) for FY26, only fill out the last column for the measure titled “FY 26 Proposed.”*

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

Cardiovascular Disease:

|  | FY 25 SGA/COA | FY 25  YTD | Variance | FY 26 Proposed |
| --- | --- | --- | --- | --- |
| # Of encounters (individuals touched) |  |  |  |  |
| # Of engagements (individuals with whom information was exchanged) |  |  |  |  |
| # Of individuals enrolled in cardiovascular prevention or management program |  |  |  |  |
| # Of individuals who experienced health improvement (lower BMI, lower blood pressure, lower cholesterol, lower blood sugar or A1c, stopped smoking, better diet, more exercise, better sleep, lower stress depending on program design) |  |  |  |  |
| # Of individuals who maintained improvement for 60 days |  |  |  |  |
| # Of individuals who maintained improvement for 90 days |  |  |  |  |
| # Of individuals who maintained improvement for 180 days |  |  |  |  |
| # Of individuals linked to healthcare professional |  |  |  |  |
| # Of individuals who completed exit survey |  |  |  |  |

Mental Health:

|  | FY 25 SGA/COA | FY 25  YTD | Variance | FY 26 Proposed |
| --- | --- | --- | --- | --- |
| # Of encounters (individuals touched) |  |  |  |  |
| # Of individuals that expressed interest in mental health services/resources |  |  |  |  |
| # Of individuals linked/referred to mental health services |  |  |  |  |
| # Of unduplicated (newly enrolled) individuals enrolled in the mental health services |  |  |  |  |
| # Of individuals who completed 60 days in services |  |  |  |  |
| # Of individuals who completed 90 days in services |  |  |  |  |
| # Of individuals who completed 180 days in services |  |  |  |  |
| # Of individuals who expressed improvement of mental health concerns at treatment end |  |  |  |  |
| # Of individuals who completed exit survey |  |  |  |  |

Cancer:

|  | FY 25 SGA/COA | FY 25  YTD | Variance | FY 26 Proposed |
| --- | --- | --- | --- | --- |
| # Of encounters (individuals touched) |  |  |  |  |
| # Of engagements (individuals with whom information or services were exchanged) |  |  |  |  |
| # Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) for screening |  |  |  |  |
| # Of unduplicated (newly enrolled) individuals in the program |  |  |  |  |
| # Of individuals who completed 60 days of programming |  |  |  |  |
| # Of individuals who completed 90 days of programming |  |  |  |  |
| # Of individuals who completed 120 days of programming |  |  |  |  |
| # Of individuals who exhibited greater knowledge of cancer prevention, education, and services at program completion |  |  |  |  |
| # Of individuals who completed exit survey |  |  |  |  |

Obesity/Diabetes:

|  | FY 25 SGA/COA | FY 25  YTD | Variance | FY 26 Proposed |
| --- | --- | --- | --- | --- |
| # Of encounters (individuals touched) |  |  |  |  |
| # Of engagements (Individuals with whom information was exchanged) |  |  |  |  |
| # Of individuals enrolled in weight loss or diabetes program |  |  |  |  |
| # Of individuals who experienced decrease in BMI (if applicable) |  |  |  |  |
| # Of individuals who maintained weight loss for 60 days |  |  |  |  |
| # Of individuals who maintained weight loss for 90 days |  |  |  |  |
| # Of individuals who maintained weight loss for 180 days |  |  |  |  |
| # Of individuals linked to healthcare professional |  |  |  |  |
| # Of individuals who completed exit survey |  |  |  |  |

Pregnancy and Birth Outcomes:

|  | FY 25 SGA/COA | FY 25  YTD | Variance | FY 26 Proposed |
| --- | --- | --- | --- | --- |
| # Of encounters (individuals touched) |  |  |  |  |
| # Of engagements (individuals with whom information or services were exchanged) |  |  |  |  |
| # Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) |  |  |  |  |
| # Of unduplicated (newly enrolled) individuals in the Program |  |  |  |  |
| # Of individuals who completed programming within 90 days |  |  |  |  |
| # Of individuals who successfully completed training (i.e., prenatal care, breastfeeding, parenting, nutrition etc.) |  |  |  |  |
| # Of individuals who completed exit survey |  |  |  |  |