

**EXHIBIT I  
PROGRESS REPORT TRANSMITTAL**

1. Agency should duplicate this form To prepare reports.

**SUBMIT ORIGINAL and 2 COPIES (including all attachments) to:**

\_\_\_\_\_

**(CONTRACT MANAGER)  
Maternal, Child and Adolescent  
Health Division  
P.O. Box 997420, MS 8305  
Sacramento, CA 95899-7420**

2. Check all programs included in this report.

AFLP  
 ASPPP  
 PREP  
 I&E  
 DATA  
 RPPC/CDAPP/PRAMS  
 FIMR  
 SIDS  
 SPRO-OTHER \_\_\_\_\_

3. REPORT PERIOD

JULY TO DECEMBER, 20\_\_\_\_  
 JANUARY TO JUNE, 20\_\_\_\_  
 OTHER (SPECIFY)  
 \_\_\_\_\_

4. CONTRACT NUMBER – 19-10XXX

5. AGENCY NAME AND ADDRESS

6. AGENCY REPRESENTATIVE PREPARING REPORT

NAME:

TITLE:

PHONE:

FAX:

Check if new Agency address or phone number

**INSTRUCTIONS**

Items 1-6 Self-Explanatory

Item 7 ATTACH NARRATIVE STATEMENT OF PROJECT PROGRESS TO THIS FORM: The narrative must include the following:

- a. Summarize progress made to date toward meeting each objective, as specified in the Scope of Work, Exhibit A.
- b. Briefly describe any problems encountered implementing the objective. Outline strategies for dealing with the unresolved problems. Discuss personnel transactions (including vacancies) which have had an impact on meeting the objective.
- c. Address any issues needing the special attention of State staff.

**CERTIFICATION BY PROJECT DIRECTOR:**

I certify that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature \_\_\_\_\_  
(Project Director)

Date \_\_\_\_\_