**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**HUMAN SERVICE AGREEMENTS**
**ANNUAL REPORT (DHMH 440A)**
**PERFORMANCE MEASURES REPORT**

**FUNDING ADMINISTRATION:**
**AWARD NUMBER:**
**AWARD PERIOD:**
**FISCAL YEAR:**
**LOCAL HEALTH DEPT;**
**ADDRESS:**
**CITY, STATE, ZIPCODE:**
**TELEPHONE #:**
**PROJECT TITLE:**

| PERFORMANCE MEASURE | BUDGET YEAR ESTIMATE | FINAL FY COUNT |
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