Robeson RCORP Consortium Member Sub-Award
Mid-Year Report (due 5/1/23)

Date: ________________

Organization: ________________________________________________________

Number of Consortium Meetings Attended: ___

Representative1: ______________________________________________________
Committee Serving on: _________________________________________________

Representative2: ______________________________________________________
Committee Serving on: _________________________________________________
(If others, please add) _________________________________________________

Summary:
Briefly describe efforts/contributions (i.e., activities/events) made toward Consortium’s mission of SUD/OUD Prevention, Treatment, or Recovery during this period, October 2022-Mar 2023. (If needed, add attachment)

Point of Contact Signature: ________________________________ Date: ____________

REQUIRED (Oct 2022-March 2023)
# of participants reached/impacted: Prevention_____ Treatment_____ Recovery_____
Total # of participants reached/impacted ________
# of Consortium events/activities engaged in: ________ (list at least two)
# of Consortium/SPARC-sponsored trainings attended: ________ (list at least two)

Point of Contact Signature: ____________________________________________
Printed Name: ________________________________________________ Phone#: ____________________________
E-mail: __________________________________________________________