

CITY OF FLAGSTAFF
ARPA - CORONAVIRUS LOCAL FISCAL RECOVERY FUNDS

EVIDENCE-BASED INTERVENTION REPORT

SUBRECIPIENT: _____

PROJECT TITLE: _____ **PROJECT NUMBER:** _____

REPORTING PERIOD: _____ **REPORT NUMBER:** _____

FUNDS ALLOCATED TO EVIDENCE-BASED INTERVENTIONS: _____

1. Please describe the obstacle(s) being addressed: _____

2. Please describe the goal(s) set for this project: _____

3. Please describe the method(s) used to reach the goal(s): _____

4. Please describe the outcome of the project so far: _____
