

**STATE SEXUAL RISK AVOIDANCE EDUCATION GRANT
PERFORMANCE HISTORY SUMMARY**

Applicant Organization Name: Click or tap here to enter text.

State the **most recent** year of funding received by the Department of Health, Adolescent Health Program for Sexual Risk Avoidance Education: Choose an item.

State the contract total amount awarded annually: Click or tap here to enter text.

State the number of youth deliverables required by the contract annually: Click or tap here to enter text.

State the number of parent/significant adult deliverables required by the contract annually: Click or tap here to enter text.

State the number of youth leadership activity hours required by the contract annually (if applicable): Click or tap here to enter text.

Signature of Authorized Official

Title of Authorized Official

Date