Instructions

1. Update all placeholders with information specific to your project
2. Complete the report

Save file using the following naming convention - (BR#A = **B**iannual **R**eport **#** (BR1 or BR2) **A**ppendix)

SUP24-CXXXX-BR#A\_Short title

1. Submit completed report to CHFS.SUP@ky.gov in accordance with delivered and deadlines outlined in your SUP contract
	1. SUP24-C#### must be included in the subject line of your submission to be accepted
2. This page can be deleted prior to submission



PI Name Here

University Name  SUP24 C####

Project Name Here

Biannual Report: Appendices

**APPENDIX A**

This is an optional section, limited to 10 pages. You may provide additional non-pertinent information in this section related to the grant project, such as lists of billing codes, tables for additional analyses, etc. This section is intended to provide additional insight into the work conducted through the grant project that may help Medicaid to better understand the work conducted by the research team.

Please start each new appendix section at the top of a new page and order the appendices as they appear in the text (i.e., Appendix A should be noted in the text prior to Appendix B, etc.).