



STATE OF NEW YORK DEPARTMENT OF HEALTH AND HUMAN SERVICES BUREAU OF EVIDENCE-BASED PRACTICE

Form 100-100-1 (Rev. 10/2018)
 Date: _____
 Project Name: _____
 Project Number: _____
 Project Site: _____

- Number of sites in the project
- Number of sites in the project
- Number of sites in the project
- Number of sites in the project
- Number of sites in the project
- Number of sites in the project
- Number of sites in the project
- Number of sites in the project

SN	PROJECT NAME	PROJECT TYPE	PROJECT STATUS	PROJECT DATE
1	A			
2	A2			
3	A3			
4	A4			
5	A5			
6	A6			
7	A7			
8	A8			
9	A9			
10	A10			
11	A11			
12	A12			
13	A13			
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93	A93			
94	A94			
95	A95			
96	A96			
97	A97			
98	A98			
99	A99			
100	A100			

TOTAL PROJECTS: _____
PROJECTS IN PROGRESS: _____
PROJECTS COMPLETED: _____

Project Information: _____
Project Manager: _____
Project Sponsor: _____
Project Date: _____

Project Status: _____
Project Notes: _____