LLG 2024 Interim Status Report - S1

	atreach events/activities/programs, trainings conducted eriod. (From '2024-LLG-EVENTS' excel file). Upload erelated reporting period.
2024-LLG-EVENTS.xlxs	
Upload File:	
PEOPLE ~ Total unduplicated during the current reporting pe	people reached through all the activities conducted eriod.
Lifeline-A ~ Total number of e Verifier, during the current rep	eligibility dete mir tions conducted with the National portin, period.
Lifeline-B~ National Ver. ie. conducted during to the tree tree.	- A. number of online eligibility determinations eporting period.
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Lifel 1e-C Yat.)nal Verifier National Verif er, during the co	- B: number of paper applications submitted to the urrent reporting period.
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	– C: Number of individuals who needed to submit tation. (numeric format: 0; 3; 11). If you don't know,

CHALLENGE ~ Describe any challenge the project plan has faced (make a list with description). If you have nothing to report, type "NO CHALLENGE". CHANGES~ Reported to continue the proposed project change needed for the next reporting period to continue the proposed project (list with description). If no changes, report: "NO CHANGES". ADVERTISEMENT & OUTREACH MATERIAL~ If applicable, report a list of publicity material by type and count. Also Upload samples or links. If not applicable,		
OUTCOMES A ~ Report the project's overall progress as a percentage. OUTCOMES B ~ Progress description ~ Describe the project goal and/or related outcome. CHALLENGE ~ Describe any challenge the project plan has faced (make a list with description). If you have nothing to report, type "NO CHALLENGE". CHANGES~ Report project change needed for the next reporting period to continue the proposed project (list with description). If no changes, report: "NO CHANGES". ADVERTISEMENT & OUTREACH MATERIAL~ If applicable, report a list of publicity material by type and count. Also Upload samples or links. If not applicable,		
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By checking the box, I certify that the statements herein are true, complete, and accurate to the best of my knowledge and that our entity has done the due diligence to ensure the information is correct. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties and may impact current and future grant awards from the Public Service Commission of Wisconsin.

Name: Date: