

# NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM MANAGEMENT & SUPPORT ACTIVITY REPORT - NR

**DCI Number/Fiscal Year:** HC-P067 (2023-2024)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P067. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

**Program Reporting Requirements:**

Complete template *NIHB PM&S- B* or other approved alternative.

**NIHB PM&S-B – FINANCIAL PROGRESS REPORT**

Program Management and Support

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
<b>Salaries</b>													
<i>Salaries should be listed by individual salary</i>													
Meetings/Travel													
Communication													
O&M													