**VICTIM ASSISTANCE AND LAW ENFORCEMENT FUND**

**TWENTY-FIRST JUDICIAL DISTRICT**

**QUARTERLY NARRATIVE REPORT**

**PROJECT TITLE:**

**GRANT NUMBER:**

**GRANTEE AGENCY:**

**ADDRESS:**

**PHONE NUMBER:**

**PREPARED BY:**

**REPORT COVERS PROJECT ACTIVITY DURING THE FOLLOWING CALENDAR QUARTER OF 202**  **:**

**Quarter 1 (January 1 – March 31)**  **Quarter 2 (April 1 – June 30)**

**Quarter 3 (July 1 – September 30)**  **Quarter 4 (October 1 – December 31)**

**VICTIMS SERVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Jan 1 – Mar 31**  # of clients served  0 | **Apr 1 – June 30**  # of clients served  0 | **Jul 1 – Sept 30**  # of clients served  0 | **Oct 1 – Dec 31**  # of clients served  0 | **TOTAL to Date**  **0** |

**GOALS AND OBJECTIVES PERFORMANCE REPORT**

*Type the goals and objectives from your grant application in the designated boxes. In boxes labeled “Progress/Measurement”, describe actions and/or activities that have occurred this quarter to achieve the objective listed. Data (numerical measurement) should be provided to illustrate the progress, if available. If your grant includes personnel, please include information on the number of hours worked during this quarter. Also, include any innovative actions, accomplishments or any other information that may be helpful in evaluating the effectiveness of your program. If your objective includes training or presentation(s), please include # of participants and topic(s).*

|  |
| --- |
| **Goal # 1:** |
| Objective 1.1: |
| Progress/Measurement: |
| Objective 1.2: |
| Progress/Measurement: |
| Objective 1.3: |
| Progress/Measurement: |
| **Goal # 2:** |
| Objective 2.1: |
| Progress/Measurement: |
| Objective 2.2: |
| Progress/Measurement: |
| Objective 2.3: |
| Progress/Measurement: |
| **Goal # 3:** |
| Objective 3.1: |
| Progress/Measurement: |
| Objective 3.2: |
| Progress/Measurement: |
| Objective 3.3: |
| Progress/Measurement: |
| **Goal # 4:** |
| Objective 4.1: |
| Progress/Measurement: |
| Objective 4.2: |
| Progress/Measurement: |
| Objective 4.3: |
| Progress/Measurement: |

|  |
| --- |
| ***Does the actual progress of your funded program/project compare to the timetable outlined in your grant proposal? Please describe any discrepancies or delays in implementing your stated objectives.*** |
| ***Describe any budget problems that have arisen this quarter and how your agency is solving the problem.*** |

As a signing authority for this grant, I certify that the information contained in this report and the attachments (if applicable) are accurate and, to the best of my knowledge, program expenditures and activities are in compliance with the approved grant and federal/state regulations.

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PROJECT DIRECTOR DATE