QUARTERLY GRANT NARRATIVE REPORT INSTRUCTIONS

SECTION 1 – GRANTEE INFORMATION

Enter your grant title, grant number, grantee agency name, grantee mailing address, phone number and name of the person completing the narrative report.

SECTION 2- REPORTING PERIOD

Fill in the appropriate year and mark the appropriate box for the date span that the report data reflects.

SECTION 3- VICTIMS SERVED

Enter the total number of unduplicated individuals/victims served during the current reporting period. For Q2-Q4 reports update the values in the appropriate box. Do not remove the values entered in previous quarters so an accurate year to date value can be calculated. <u>The total is calculated automatically when</u> the TAB key is used to move to the next field. You will not be able to enter a figure in "Total to Date".

SECTION 4- GOALS AND OBJECTIVES PERFORMANCE REPORT

GOALS AND OBJECTIVES: Enter the goals and objectives stated in your grant application. The goals and objectives for your project are on the Budget Details, Goals & Objectives, & Project Evaluation tab in ZoomGrants.

PROGRESS/MEASUREMENT: Provide an update on the progress on each of the stated goals associated with your project.

- Describe actions and/or activities that have occurred in the quester to achieve the objective listed.
- Data (numerical measurement) should be provided (if applicable).
- If your grant includes personnel, please include information on the number of hours works during this quarter and the number of grant related hours worked.
- Include information about any innovative actions, accomplishments or other information that may be helpful in evaluating the effectiveness of your program.
- If your objective includes training or presentations, please include the number of participants and the topics covered.

THE GRAY TEXT BOXES WILL EXPAND AND WRAP THE TEXT TO THE NEXT LINE AS TEXT IS ENTERED.

SECTION 5 – IMPLEMENTATION/BUDGET ISSUES

DELAYS IN IMPLEMENTATION OF OBJECTIVES: Describe the any discrepancies between the project plan timetable and the actual progress of your funded program.

PROBLEMS/ISSUES ARISING DURING GRANT PERIOD: Describe any budget problems and associated solutions that have developed during the reporting period in the boxes provided.

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SECTION 6 - PROJECT DIRECTOR CERTIFICATION AND SIGNATURE

The form must be signed and dated by the Project Director. Alternate signatures will not be accepted without prior approval. Please plan accordingly.

Please contact Jennifer Ballagh, VALE Administrator, at 970-244-1737 or <u>jennifer.ballagh@mesacounty.us</u> if you have any questions.