|  |
| --- |
| **Agency Name:** **Program Name:**  |
| **Funding Source: General Revenue X** |
| **Reporting Period** (Check Appropriate Quarter)**:** **1st Quarter:** (October 1st through December 31st) **Due January 25th \_\_\_\_\_\_****2nd Quarter:** (January 1st through March 31st) **Due April 25th \_\_\_\_\_\_****3rd Quarter:** (April 1st through June 30th) **Due July 25th \_\_\_\_\_\_****Year-End Close-Out:** (July 1st through September 30th, highlighting October 1st through September 30th**) Due October 31st \_\_\_\_\_\_** |

**Program Accomplishments**

1. In the **Project Implementation Timeline**, list of the major tasks, activities, or products that you plan to accomplish and the anticipated completion dates. This schedule will be used as a contract monitoring tool.

|  |
| --- |
| **Project Implementation Timeline** |
| **Tasks, Activities and Products:** Provide specific information such as the number of clients the program proposes to serve and a description of the program activities, including the frequency of activities, etc. | **Specific Achievements:** Number of clients served, specific program activities, frequency of activities, etc. Describe, in detail, specific program achievements for this reporting period. Please explain any shortfalls in deliverables. |
|  |  |
|  |  |
|  |  |
|  |  |

1. Highlight specific challenges and needs facing your program and actions taken to rectify those:
2. List major collaborative accomplishments and discuss efforts towards developing sustainable partnershipsachieved during this reporting period:

**Verification**

|  |  |
| --- | --- |
| Report Prepared By: |  |
| Agency Contact Person:  |  |
| Agency Contact Phone Number |  |
| Agency Contact Phone Email |  |
| Signature of Agency Director or Designated Signatory |  |