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| **Office of Juvenile Justice**  **PO Box 40975**  **Olympia, WA 98504-0975** | **Contract Managers:**  Alice Coil, [Alice.Coil@dcyf.wa.gov](mailto:Alice.Coil@dcyf.wa.gov)  Jenny Young, [Jenny.Young@dcyf..wa.gov](mailto:Jenny.Young@dcyf..wa.gov) |

**TECHNICAL ASSISTANCE PROJECT PROGRESS REPORT**

*Requests for funds may be denied unless this report is completed and filed as required in the Grant Award Contract.*

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| --- | --- |
| **GRANTEE:**  Click or tap here to enter text. | **GRANT NUMBER:**  Click or tap here to enter text. |
| **PROJECT TITLE:** | **PROJECT DURATION:**  Click or tap here to enter text. |
| **PROJECT DIRECTOR:**  NAME: Click or tap here to enter text.  PHONE:Click or tap here to enter text.  EMAIL: Click or tap here to enter text.  DATE: Click or tap here to enter text. | **THIS QUARTERLY REPORT IS FOR:**  #1 Oct 1 to Dec 31 (Due Jan. 15)  #2 Jan 1 to Mar 31 (Due Apr 15)  #3 Apr 1 to June 30 (Due July 15)  #4 July 1 to Sept 30 (Due Sept 15)  Final Report—If Applicable (Due Nov. 15) |

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| **SECTION I Demographic Information (if applicable):** Complete the table reporting on un-duplicated numbers each quarter. Enter “0” if no participant/clients were served, do not leave fields blank. | | | | | | |
|  | Quarter  #1 | Quarter  #2 | Quarter  #3 | Quarter  #4 | TOTAL  TO-DATE |  |
| African American |  |  |  |  |  |  |
| Asian/Pacific Islander |  |  |  |  |  |  |
| Hispanic-Ethnicity |  |  |  |  |  |  |
| Native American |  |  |  |  |  |  |
| White |  |  |  |  |  |  |
| Mixed Race |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| TOTAL NUMBERS OF PARTICIPANTS/CLIENTS SERVED: | | | | | |  |

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| **SECTION II** Report progress reaching project goal(s) as stated in the Grant Contract Agreement and Statement of Work. If there was no activity towards a particular goal during this quarter, state “no activity to report” and provide an explanation. Your progress report should address the following questions. We welcome additional relevant materials as part of the narrative or as attachment.   1. Describe program/project activities and/or services provided during this reporting period. 2. Provide indicators/outcome measures that show progress, e.g. # served, # and types of services provided, # referrals, etc. 3. Describe any problems or challenges you have encountered and your plan to address them. 4. Describe any significant changes made within the program, project, or services since the last reporting period. 5. Provide highlights or key accomplishments for this reporting period. |
| **Narrative Report:**  Click or tap here to enter text. |
| **Project Director’s Signature: Date:** |
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