COLORADO DIVISION OF CRIMINAL JUSTICE
QUARTERLY NARRATIVE REPORT
(DCJ FORM 2-Q)

Prepare this report according to the instructions (see last page). Requests for funds may be denied unless this report is complete and filed on time as required by the Division of Criminal Justice.

GRANTEE:	**GRANT NUMBER:**
PROJECT TITLE:	**PROJECT DURATION** **FROM:** **TO:**
PREPARED BY: **DATE:** **PHONE:**	**WHICH CALENDAR QUARTER OF YEAR** _____ **DOES THIS REPORT COVER?**
QUARTERLY PROGRESS REPORT Demographic Information applies to this project: Yes □ or No □ (If yes, complete Section I Below)	**Jan 1 to Mar 31** _____ **Jul 1 to Sep 30** _____ **Apr 1 to Jun 30** _____ **Oct 1 to Dec 31** _____

SECTION I. DEMOGRAPHIC INFORMATION (If applicable): Complete the table reporting on <u>un-duplicated</u> numbers each quarter. Enter "0" in fields if no clients were served, do not leave fields blank. If your program is tracking two or more distinct populations (i.e., adults and juveniles, parents and children, etc.) for which reporting is required, we have provided an additional Table on page 3; remember to distinctly label each.

# by Race/Ethnicity of those Served _____ (population)	# Participants Carried Forward (if this is a Continuation)	Quarter 1 (New Only)	Quarter 2 (New Only)	Quarter 3 (New Only)	Quarter 4 (New Only)	Total to Date
White						
African American						
Native American						
Asian/Pacific Islander						
Mixed Race						
Other						
TOTAL						
Of above, number reporting Hispanic ethnicity						

Gender	# Participants Carried Forward (if this is a Continuation)	Quarter 1 (New Only)	Quarter 2 (New Only)	Quarter 3 (New Only)	Quarter 4 (New Only)	Total to Date
Male						
Female						
TOTAL						

Outcomes (for those grants which have listed this as a data element)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total to Date
# Who Exited Successfully					
# Who Exited Unsuccessfully					
# Who Re-Offended					
# Still in Program					

SECTION II. PROGRESS TOWARD GOALS AND OBJECTIVES: *UNLIKE IN THE PAST, REPORT THIS INFORMATION FOR CURRENT QUARTER ONLY- DO NOT CUT AND PASTE FROM PRIOR QUARTERS.* Beginning on Page 2, complete progress reporting for each goal using the format below.

Report progress on <u>each goal</u> (as stated in the *Grant Agreement* or subsequent and most recent DCJ approved *Statement of Work*) by *a*ddressing items 1-4 below. If there was no activity toward a particular goal during the quarter, state such in the narrative, but the reasons must be explained. Please describe any technical assistance and/or training needs you may have.

1) **Activities**: Activities and strategies implemented to date to meet the goal; include number of participants served, services provided, and dosage, if applicable.
2) **Timelines**: Are timelines being met? If no, please explain the delay.
3) **Indicators**: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number of lab tests completed, total number served versus stated number to be served; number of participants referred for needed services, types of services, etc.). If a direct service project, look at your data- are you seeing anything that needs addressed such as a differential success rate by race/ethnicity and/or gender, or specific services that are regularly and routinely needed?
4) **Problems Encountered**: What were they, how did they impact the program/project, how were they handled and what is your plan to get back on track?

Items 5 & 6 relate to the project as a whole for this quarter.

5) **Project/Proposed Changes**: Have any significant changes been made within the program/project since the last reporting period? Please explain in detail.
6) **Progress/Highlights**: Please describe any highlights of this program/project you feel are relevant to the program/project outcome. These can be intentional/unintentional outcomes of the work that you are doing. Please be specific in your description.

REQUIRED GRANTEE SIGNATURES: I certify that, to the best of my knowledge and belief, this report and attachments are correct and complete.

_____
Project Director's Signature / Date

SUBMIT ONE SIGNED FORM TO DCJ NO LATER THAN <u>15</u> DAYS AFTER THE END OF EACH CALENDAR QUARTER.

Report progress on each goal (as stated in the *Grant Agreement* or subsequent and most recent DCJ approved *Statement of Work*) by addressing items 1-4 below. If there was no activity toward a particular goal during the quarter, state such in the narrative, but the reasons must be explained. Please describe any technical assistance and/or training needs you may have.

Goal 1: (insert goal here)

1. Activities: Activities and strategies implemented to date to meet the goal; equipment purchases made, strategic planning held, number of participants served, services provided, and dosage, if applicable.

Response:

2. Timelines: Are timelines being met? If no, please explain the delay.

Response:

3. Indicators: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number of lab tests completed, total number served versus stated number to be served; number of participants referred for needed services, types of services, etc.). If a direct service project, look at your data- are you seeing anything that needs addressed such as a differential success rate by race/ethnicity and/or gender, or specific services that are regularly and routinely needed?

Response:

4. Problems Encountered: What were they, how did they impact the program/project, how were they handled and what is your plan to get back on track?

Response:

| **Goal 2:** (insert goal here) | 3 |

1. Activities: Activities and strategies implemented to date to meet the goal; equipment purchases made, strategic planning held, number of participants served, services provided, and dosage, if applicable.

Response:

2. Timelines: Are timelines being met? If no, please explain the delay.

Response:

3. Indicators: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number of lab tests completed, total number served versus stated number to be served; number of participants referred for needed services, types of services, etc.). If a direct service project, look at your data- are you seeing anything that needs addressed such as a differential success rate by race/ethnicity and/or gender, or specific services that are regularly and routinely needed?

Response:

4. Problems Encountered: What were they, how did they impact the program/project, how were they handled and what is your plan to get back on track?

Response:

Goal 3: (insert goal here)

1. **Activities**: Activities and strategies implemented to date to meet the goal; equipment purchases made, strategic planning held, number of participants served, services provided, and dosage, if applicable.
Response:

2. **Timelines**: Are timelines being met? If no, please explain the delay.
Response:

3. **Indicators**: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number of lab tests completed, total number served versus stated number to be served; number of participants referred for needed services, types of services, etc.). If a direct service project, look at your data- are you seeing anything that needs addressed such as a differential success rate by race/ethnicity and/or gender, or specific services that are regularly and routinely needed?
Response:

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Response:

Items 5 & 6 relate to the project as a whole for this quarter.

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Response:

6. Progress/Highlights: Please describe any highlights of this program/project you feel are relevant to the program/project outcome. These can be intentional/unintentional outcomes of the work that you are doing. Please be specific in your description.

Response:

Additional Demographic Table if needed (see page 1).

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(DCJ Form 2-Q
Rev. 02/15/18)

INSTRUCTIONS FOR COMPLETING DCJ FORM 2-Q – QUARTERLY NARRATIVE REPORT

HEADING
***Grantee:** This is the agency to which the federal grant award was made.
***Grant Number:** This is the grant number assigned to the project by DCJ. It can be found on the Grant Agreement.
***Project Title:** This is the name of the project which is identified on the Grant Agreement.
***Project Duration:** This is the period of the grant award, not the time period for which this report is being submitted. It can be found on the Grant Agreement, and is changed only if the project requests and receives a grant extension.
Prepared By: This is the person completing this form. Include this person's 10-digit phone number.
Date: This is the date this form is completed.
Calendar Quarter Which This Report Covers: Fill in the year in which the quarter you are reporting on falls. Check which calendar quarter this report covers. If you are reporting on less than a full quarter, check the applicable quarter, and write in the exact dates you are reporting on in this section.

SECTION I. DEMOGRAPHIC INFORMATION (if applicable): Complete the table reporting on un-duplicated numbers each quarter. Enter "0" in fields if no clients were served, do not leave fields blank. If your program is tracking two or more distinct populations (i.e., adults and juveniles, parents and children, etc.) for which reporting is required, we have provided an additional Table on page 3; remember to distinctly label each.

Contact your grant manager if you have questions on how to complete this section.

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An additional Demographic Table is provided for those programs which are serving more than one distinct population for which reporting is required.

Signatures: The designated Project Director must sign this report. One signed form must be submitted to DCJ. If the Project Director has changed since the last quarterly report, also complete and submit a Change in Project Official (DCJ Form 4-B) form.

QUARTERLY REPORTS ARE DUE NO LATER THAN <u>15</u> DAYS AFTER THE END OF THE QUARTER

REQUESTS FOR FUNDS MAY BE DENIED UNLESS THE REPORT IS COMPLETE AND FILED ON TIME TO THE DIVISION OF CRIMINAL JUSTICE