

**COLORADO DIVISION OF CRIMINAL JUSTICE (DCJ)
CVS 2 Quarterly Report - Narrative Goals & Objectives Form**

Report progress to the specific goals and objectives stated in the original grant application, or based on any changes that were approved by DCJ. The **FOURTH AND FINAL REPORT** must summarize all four quarters, including year-to-date numbers that demonstrate progress and statements that explain problems and changes. For a list of expanded instructions and definitions of the services below, visit our website or contact your grant manager.

Please download and save this form to your computer. Once you have saved the form, open the form from its saved location and complete the applicable fields. As you complete the form, please make sure that the content you have provided is visible by simply pressing "tab" or clicking outside of the field. If the inserted text is not fully visible, try condensing your response. Upon entering your electronic signature, you will be prompted to save the document.

Once completed and saved, reopen to ensure your responses appear before emailing to DCJ.

GRANTEE:		GRANT NUMBER:	
PROJECT TITLE:		PROJECT DURATION	
		FROM:	TO:
PREPARED BY:			
DATE:	EMAIL ADDRESS:	PHONE:	
WHICH CALENDAR QUARTER OF YEAR DOES THIS REPORT COVER?	Jan 1 to Mar 31	Jul 1 to Sep 30	
	Apr 1 to Jun 30	Oct 1 to Dec 31	

GOAL 1:

Objective 1.1

Objective 1.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.1 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 1.2

Objective 1.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.2 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 1.3

Objective 1.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.3 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

GOAL 2:

Objective 2.1

Objective 2.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.1 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 2.2

Objective 2.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.2 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 2.3

Objective 2.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.3 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

GOAL 3:

Objective 3.1

Objective 3.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.1 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 3.2:

Objective 3.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.2 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

Objective 3.3:

Objective 3.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.3 Outcomes

Estimated # of Victims and/or Services	January - March	April - June	July - September	October - December	YTD Total

SPECIAL CONDITIONS, PROBLEMS, AND PROJECT CHANGES

1. Special Conditions

List any ADDITIONAL Special Conditions that are included in the Grant Award Agreement and describe how they are being addressed and progress made, or problems encountered.

2. Problems

Please discuss any problems the project is encountering in meeting the project's goals and objectives and/or the terms of the grant.

3. Project Changes

Describe any changes that have occurred, or are being considered, at your agency/program. Some project changes require you to submit additional forms and get DCJ approval. Contact your grant manager for more information.

REQUIRED FOR VOCA GRANTEES

Volunteers Providing VOCA Eligible Activities

Note: VOCA funded agencies are required to use volunteers for VOCA-eligible activities. This requirement applies to the VOCA-funded program, not the VOCA-funded project.

- 1. Number of Volunteers working in the VOCA-funded program providing VOCA-eligible activities. (Do not include volunteers who assist with fundraising, general administrative or clerical activities.) volunteers.
- 2. Number of volunteer hours contributed to the VOCA-funded program this quarter: hours.
- 3. Are any of the volunteer hours reported above being used as match for this VOCA project? (Remember, if volunteer hours are being used as VOCA match, signed timesheets must be kept on file for volunteer hours worked.) **YES NO**
If yes, how many hours were used as match this quarter?: hours.
- 4. Do you certify that your agency has a record of all volunteer hours, whether they are used as match or not? **If no, please provide an explanation:** **YES NO**

Quarterly Project Data

Have you submitted your "Subgrantee Performance Measures Report "located at <https://www.ovcpmt.org>? **YES NO**
(Demographics of victims/survivors served or partially served must be collected and maintained but no longer reported on this report. Demographic information includes, but is not limited to, Race/Ethnicity, Gender, Age, Disability, LEP, Immigrants/Refugees/Asylum Seekers, and Rural Residency. Demographic information must be reported on your federal report.)

REQUIRED FOR SASP AND VAWA GRANTEES

VAWA and SASP grantees are required to submit their respective Annual Progress Report or "Muskie Report" that details funded activities during the Calendar Year, including crime types and services, and demographic information. Please contact your grant manager for more information.

Demographics of victims/survivors served or partially served must be collected and maintained but no longer reported on this report. Demographic information includes, but is not limited to, Race/Ethnicity, Gender, Age, Disability, LEP, Immigrants/Refugees/Asylum Seekers, and Rural Residency. Demographic information must be reported on your federal report.)

Certification (Required for all grantees)

I certify that the content of this form is accurate and can verify that the appropriate backup documentation is available onsite if requested, and will be retained for the required time as specified in the grant agreement. I, hereby, also certify that I am authorized to submit this report.

Project Director Signature

Date:

**DETAILED INSTRUCTIONS FOR COMPLETING
CVS 2 QUARTERLY – NARRATIVE GOALS & OBJECTIVES FORM**

Heading

Grantee: This is the agency to which the grant award was made.

Grant Number: This is the grant number assigned to the project by DCJ. It can be found on the Grant Award Documents.

Project Title: This is the name of the project which is identified on the Grant Award Documents.

Project Duration: This is the period of the grant award, not the time period for which this is being submitted. It can be found on the Grant Agreement, and is changed only if the project request receives a grant extension.

Prepared By: This is the person completing this form. Include the person's 10-digit phone number and e-mail address.

Date: This is the date this form is completed.

Goals: Use the *goal sections* to broadly describe what you intent to accomplish with grant funds. Goals should be limited to a maximum of 3, with no more than 3 objectives for each goal.

Objectives: Use the *objective sections* to outline the specific, measurable steps that are being taken to meet your project goal.

Special Conditions: List any special conditions that are included on the Master Grant Agreement and describe how they are being addressed, progress made, and/or problems encountered.

Problems: Please discuss any problems the project is encountering in meeting the goals and objectives and/or the terms of the grant.

Project Changes: Describe any changes that have occurred, or are being considered at your agency/program that impact the Project. The following changes require completion of additional DCJ forms for approval:

- ***Change in Signing Authority, Project Director, or Financial Officer:*** Submit an electronic DCJ Form 4-B.
- ***Mailing address, physical location, or phone numbers:*** Report in project changes section, and send an e-mail to your Grant Manager. Any change in mailing address must also be made on a W-9 form.
- ***Proposed changes to objectives:*** Submit for approval on DCJ Form 4-D.
- ***Proposed changed in budget categories:*** Submit DCJ Form 4-A before expenditures are made and before the grant period ends.

Certification: Be sure to have the Project Director electronically sign and date the form. If the Project Director is unavailable, the Signing Authority may sign.

Quarterly Report – Narrative Goals and Objectives Form:

Instructions:

- At the beginning of the grant year, write or the project-specific goals and objectives that are contained in your approved application. Most objectives will be measurable in a way that allows them to be reported in the **Outcomes grid**. Please note that the YTD Total is auto calculated once numerical values are entered for each quarter.

EXAMPLE:

Project-Specific Objective: “By the end of the project period, CASA volunteers will provide 240 face-to-face contacts with child victims of sexual abuse and/or who have witnessed domestic violence.”

1st Quarter Narrative: “Volunteers provided 75 face-to-face contacts with child victims of sexual abuse and/or who have witnessed domestic violence.”

2nd Quarter Narrative: “The addition of two more volunteers resulted in 82 face-to-face contacts with child victims.”

Estimated # of Victims and/or Services	January-March	April-June	July-September	October-December	YTD Total
240	75	82			157

- At the beginning of the grant year, enter the number of **Estimated # of Victims and/or Services** based on the final goals and objectives in your approved application. These numbers represent the estimated number of victims BY TYPE OF SERVICE that you indicated you would serve during the grant period.
- Enter the number of actual victims and/or services provided each quarter under the column corresponding with the quarter you are currently reporting on.
- Remember to review the column labeled **YTD Total** to ensure that your quarterly progress is being tracked accurately. If the project is not serving the projected number of victims and/or services, please explain why under the **Problems section** and what steps may be taken to correct this. If the number of victims and/or services is “0”, please type “0” under the column with the corresponding quarter you are currently reporting on.