**Subgrantee/Recipient**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** |  | **Reporting Period** |  |
| **Address** |  | **Date report completed** |  |
| **City/State/Zip** |  | **Phone** |  |
| **Project Title** |  | **Project Grant #** |  |
| **Report Prepared by** |  | **Preparer’s Title** |  |
| **E-mail Address** |  |  |  |

Final Report (cumulative) 45 days after project end.

**CERTIFICATION:** I understand that any deviation from the programmatic or financial plans in the approved grant must first receive prior written approval from the Department of Public Safety, Office of Criminal Justice Assistance before implementation. As an authorized individual agreeing to comply with the general and fiscal terms and conditions including special conditions of this grant, I certify the information contained in this report is accurate and, to the best of my knowledge, program expenditures and activities are in compliance with the approved grant and federal/state regulations.

|  |  |
| --- | --- |
| **Please Type Name & Title** |  |
| **Signature of Project Director *(as listed in the grant award)*** |  | Date:  |

**We request that you include copies of press releases and news articles relating to the project. These articles can be from local or national newspapers and magazines, state or local reports or publications, and other news agencies.**

# Monthly Project Narrative:

Please provide detailed narrative responses to the following questions about your grant activities and progress during the current monthly project period. Refer to stated goals & objectives from your approved application and budget. Activities may include that the agency has requested an RFP, or that equipment/supplies were ordered or received. A **final** report will provide an overview of the entire project.

Each **section will expand as you type** to accommodate a longer narrative to let your OCJA program manager know

how the project is performing. ***Provide your*** ***Answers in the shaded areas.***

|  |
| --- |
| **1. Are you on track to fiscally and programmatically with your program as outlined in your grant application? (Please answer YES or NO. If no, please explain \_\_\_\_\_YES \_\_\_\_\_NO** |
|  |
|  **2. What Goals and objectives were accomplished as they relate to your grant application within this reporting period? Include training attended, equipment purchased, activities/operations that were planned or implemented.** * WHAT was done? WHO completed the tasks? WHEN did the activities occur?
* INCLUDE relevant data for your project. INCLUDE an updated timeline if it has changed from the original.
* If the project is on hold or not working, please explain why and next steps to get the project back on track. What changes are needed?
 |
|  **Goal #1 is:** |
| Objective # 1 Objective # 2 |
| **Goal #2 is:**  |
| Objective # 1 Objective # 2 |
| **3. What challenges did you encounter, if any, within the reporting period?** |
|  |
| **4. What major activities are planned for the next 3 months?** |
|  |
| **5. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with OCJA?** |
|  |
| 6. **Is there any programmatic assistance that OCJA can provide to address any challenges identified in question #3 above? (Please answer YES or NO only.) \_\_\_\_\_ YES \_\_\_\_\_NO**  |
|  |

# Sub-recipient COMMENTS:

**OCJA PROGRAM MANAGER’S COMMENTS** *(For OCJA use only)***:**

DPS/OCJA Program Manager’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_