Nebraska Crime Commission Quarterly Activity Narrative Reporting Form

See the last page to view full instructions for completing this form.

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| SUBGRANTEE: | GRANT NUMBER: |
| PROJECT TITLE/PROGRAM NAME: | PROJECT PERIOD  FROM:       TO: |
| PREPARED BY:  DATE:       PHONE: | WHICH CALENDAR QUARTER OF YEAR  DOES THIS REPORT COVER? |
| Type of Report:  1: Quarter #: 1 2 3 4 Amended?  Yes  No | Jan. 1-Mar. 31  Jul. 1-Sept. 30  Apr. 1-Jun. 30  Oct. 1-Dec. 31 |

# Submit one signed form to NCC no later than 15 days after the end of each quarter.

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| **1. Statement of Work Update** |
| Provide an update on your grant funded project during this past quarter. If applicable, also include: any changes or challenges your program is facing in serving victims (VOCA/VAWA) or carrying out the project’s funded activities; any project-related success or accomplishments that have occurred this quarter. |
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| 2. Budget Update |
| Provide an update on your grant-funded project’s spending. Refer to your approved budget and totals spent in the Amplifund to assist in answering this question. If applicable, include the following:Are your expenditures in alignment with your approved budget?Are you over or under spent on your budget at this time? If so, why?Do you need to discuss a budget amendment to address current or anticipated changes in spending? |
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| **3. Progress towards Goals and Objectives:**  Report progress on each goal (as stated in the approved Grant Agreement) 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: |
| 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.* |
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| Timelines: *Are timelines being met? If no, please explain the delay.* |
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| Indicators: *Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding outputs or completion of tasks (give numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number lab tests completed, total number served vs stated number 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?* |
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| 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?* |
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| Goal 2: |
| 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.* |
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| Timelines: *Are timelines being met? If no, please explain the delay.* |
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| Indicators: *Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding outputs or completion of tasks (give numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number lab tests completed, total number served vs stated number 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?* |
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| 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?* |
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| Goal 3: |
| 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.* |
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| Timelines: *Are timelines being met? If no, please explain the delay.* |
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| Indicators: *Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding outputs or completion of tasks (give numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number lab tests completed, total number served vs stated number 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?* |
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| 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?* |
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| ***If there are additional goals, attach additional sheets.*** |

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| 4. Demonstrated Impact |
| What impact has your grant-funded project accomplished? Demonstrate impact with numbers, outcomes, etc. when addressing the following:   * The impact the services and/or activities have had on project recipients. * The evaluation tools you have used to measure the outcomes of the project and any relevant evaluation results. * How have overall outcomes informed project decisions, modifications, and/or support the accomplishment of project goals. |
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| 5. Technical Assistance Narrative Questions |
| Is there any additional technical assistance or support you need to successfully administer your grant-funded project? |
| Is there anything else you want to share with your Grant Manager at this time? |

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| VOCA ONLY: VOCA-funded programs are required to use volunteers. This requirement applies to the VOCA-funded program, not the VOCA-funded project. |
| Did your agency use volunteers this quarter?  Yes  No  N/A – Volunteer Requirement Waived  If no, when was/will the volunteer requirement met? |

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| REQUIRED SUBGRANTEE SIGNATURES: I certify that, to the best of my knowledge and belief, this report is correct and complete. I, hereby, also certify that the content of this from, other than the data entry required, has not been altered. |

DETAILED INSTRUCTIONS FOR COMPLETING QUARTERLY ACTIVITY NARRATIVE

This form should be completed quarterly. The Narrative Report must be received by NCC within fifteen (15) days after the end of each calendar quarter. The report must be submitted quarterly regardless of whether there was activity. The Final Report must be received by NCC no later than forty-five (45) days after the end of the Grant Award Period.

# HEADING

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

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

Project Title/Program Name: This is name of the project or program found on the Grant Award.

Project Period: This is the period of the grant award, not the period for which this report is being submitted. It can be found on the Grant Award. Fill in the From date and the To date.

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.

Type of Report: Indicate which quarter number this report covers. Note if this is an amended report from a previously submitted report.

Calendar Quarter: Fill in the year in which the quarter you are reporting on falls. Check which calendar quarter this report covers.

Statement of Work: What activities were approved to be provided when awarded? Provide an update on your grant funded project during this past quarter.

Budget Update: Provide an update on your grant-funded project’s spending. Refer to your approved budget and totals spent in the Amplifund to assist in answering this question. If the project is not on track with the percent that should be spent down, aligning with the applicable quarter, explain. If budget line items are over or funds need moved around, indicate so and schedule a discussion with your grant manager.

Progress towards Goals and Objectives: For each goal associated with the grant funded project, answer all of the questions listed. If the project has more than three goals, duplicate the questions to add another goal.

The answer should include activities and strategies that have taken place this quarter to meet the goal. Explain the timeline proposed for the goal and if they are being met.

Provide outcome measures that are used for the objectives to meet the goal. What outcomes are you seeing? Are there any problems being encountered that are prohibiting or impacting progress toward the goal? How are they being addressed?

Demonstrated Impact: What impact is the project having on the community and those the project was intended to serve? How is it being measured, and how are you using the outcomes to make the needed changes to the program or project? If the program is new, report on outcomes since the beginning of the project period.

Technical Assistance Questions: Provide information on any needs you have from the Crime Commission.

VOCA Only: Indicate if you have documented volunteer hours for the reporting quarter.

**QUARTERLY REPORTS ARE DUE NO LATER THAN 15 DAYS AFTER THE END OF THE QUARTER.**

**ANY FINAL AMENDED REPORTS ARE DUE NO LATER THAN 45 DAYS AFTER THE END OF THE GRANT AWARD PERIOD.**