

**Nebraska Commission on Law Enforcement and Criminal Justice  
Community-based Juvenile Services Aid [CB]**

**GRANT ACTIVITY SUMMARY**

Grant #: \_\_\_\_\_ Subgrantee: \_\_\_\_\_

Grant Title: \_\_\_\_\_

**Check the quarter covered by this report and enter the year**

July 1 thru Sept. 30, 20\_\_\_\_

Jan. 1 thru March 31, 20\_\_\_\_

Oct. 1 thru Dec. 31, 20\_\_\_\_

April 1 thru June 30, 20\_\_\_\_

**Part I**

Please provide information for each of the questions below for the quarter identified above. Provide your response after each question. If a question cannot be answered for a quarter, state, "No activities this quarter" and providing a thorough explanation.

- 1) **Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds.** *(The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)*
  
- 2) **Describe other activities of the agency that have taken place during the reporting period which are not funded with grant funds or matching funds but relate to the issues being addressed by the funded program.** *(i.e., county fair, fundraising, community forums, meetings, etc.)*
  
- 3) **Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion.** *(Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)*

Prepared by:

Name (Printed/Typed):

Title:

Signature:

Date: