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| **County:** | **BSCC Grant Award Number:** |
| **Project Title:** | **Date:** |
| **Prepared by:** | **Phone:** (     )       - |
| **Title:** | **Email:** |

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| **Year 3 Reporting Quarters** | | | |
| Quarter 9  July-September 2017 | Quarter 10  October-December 2017 | Quarter 11  January-March 2018 | Quarter 12  April-June 2018 |

Please provide an update on your efforts with respect to administering the project as outlined in the grant proposal and the county’s 4-Year Strategic Plan by addressing the following questions.

1. Expenditure Status:

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| **MIOCR Award Amount - $** | |
| **Amount Invoiced-to-Date (Sum of Quarterly Invoices)** | **$** |
| **Percent of Award Invoiced to Date (Amount above ÷ Award Amount)** | **%** |
| **MIOCR Match Amount - $** | |
| **Match Amount Recorded-To-Date (Sum of Quarterly Invoices)** | **$** |
| **Percent of Match Recorded-To Date (Match Amount Above ÷ Obligated Match Amount)** | **%** |

1. In relation to the overall grant budget, are state MIOCR funds being expended as planned and on schedule?  Yes  No

If not, please explain why, and describe what expenditure plan(s) exist for the grant period.

1. In relation to the overall grant match requirement, are local match dollars being used as planned and on schedule?  Yes  No

If not, please explain why, and describe what plan(s) exist for the making sure contractually obligated matching funds are provided for within the grant period.

1. Activities Implemented: Describe project activities this reporting period (e.g., institutionalizing processes, policies, & procedures for your MIOCR project, service delivery work, collaboration efforts, evaluation planning) and progress toward the project’s goals and objectives.

C. Project Challenges: Identification and Resolution: Describe any challenges/issues the project has encountered during the reporting period. Consider what may be affecting project effectiveness or may have the potential of impacting program outcomes and stated goals. Examples of areas where problems may exist are program administration, service delivery, rate of referrals, and participant enrollment or participation, county processes, among others. Describe the plan to resolve identified challenges.

D. Accomplishments and Highlights: What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment for the period, reaching other stated project goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)? Please include any training project staff and/or local partnering agencies have received this reporting period.

E. Project Sustainability Plan: Describe steps taken in this reporting period to work toward sustainability as identified in your county’s 4-Year Plan. Include any newly identified resources for leveraging and/or funding streams.

F. Other Comments, Observations, and/or Project Notables:

1. Case Study/Anecdotal Information: Case studies are often the most compelling evidence of the value of a program. With this in mind, please provide a brief description of a client enrolled in your project (e.g., age, gender, race, criminal history, and diagnosis), challenges with engaging and/or treating the client, and how the project is positively impacting him/her.

*Do not identify participant by name.*

1. If you would like technical assistance, please identify the nature of the request and a contact name, email address, and phone number for BSCC staff response:

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| Quarterly Progress Reports, Parts A & B are due 45 days  from the end of the reporting period.  Please email completed forms to: Helene Zentner | [helene.zentner@bscc.ca.gov](mailto:helene.zentner@bscc.ca.gov)  For questions, please email or call Helene Zentner at 916-323-8631 |