

# Quarterly Programmatic Narrative

Due 10th of the months of January, April, July, and October

Fiscal Year:  Quarter:

Service:

Agency Name:

Person Preparing Report

Name:

Email:

Phone:

**Please Describe:**

A. Significant Service Developments (i.e. Briefly Describe Outreach, Marketing, Education, and Training Events)

B. Staffing Changes/Updates

C. Recommendations Implemented (Listed on Assessment Follow-Up Tool)

D. Service Needs and Service Gaps

E. Other Significant Activities Experienced in Your Funded Service to Date

**Discuss Contract Status Items:**

A. Current Contract Stipulations (Listed on Contract)

B. Compliance Issues (Listed on Assessment Follow-Up Tool)

C. Over/Under Serving

D. Total Number of Participants Served in the Quarter, do not count a participant more than once **THIS QUARTER**

E. Total Number of Units Served in the Quarter