

Semi-Annual Evaluation Summary

Subgrantee:		Grant Number:	
Project Title:		Date of Report:	
Grant Period:	To:	Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Project Completed:	Report Period Ending: <input type="checkbox"/> 9/30 <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30		
Program Administrator:		Project Director:	

- 1. What were your accomplishments within this reporting period?**
- 2. What goals were accomplished, as they relate to your grant application?**
- 3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?**
- 4. Is there any assistance that DCJS can provide to address any problems/barriers identified in question #3 above?**
- 5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer yes or no. If no, please explain)**
- 6. What major activities are planned for the next 6 months?**
- 7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with DCJS?**