

**Commonwealth of Virginia Information**

**Virginia Department of Criminal Justice Services**

**(OCGP) Operation Ceasefire Grant Program**

**QUARTERLY STATUS REPORT \*Law Enforcement**

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| --- | --- |
| **Grant Number:** |  |
| **Program Name:** |  |
| **Name of the Person Completing the Report** |  |
| **Contact Information (phone & email):** |  |
| **Reporting Period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **(July 1-September 30)** |  |  **(October 1-December 31)** |
|  |  **(January 1- March 31)** |  |  **(April 1-June 30)** |

**INFORMATION & INSTRUCTIONS:**

• This form seeks narrative information about your OCGP Grant Program project during the preceding

 quarter.

• This form is to be completed and uploaded to the Virginia Department of Criminal Justice Services

 (DCJS) Online Grants Management System (OGMS).

• Complete this form for the quarterly reporting period marked above.

**Project Description:**

**A.**

**Funding Allocated:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Row** | **FY 1st QTR** | **FY 2nd QTR** | **FY 3rd QTR** | **FY 4th QTR** | **YTD** |
| **A. Staff Hired** |  |  |  |  |  |
| **B. Community Engagement**  |  |  |  |  |  |
| **C. Training Attended or Provided** |  |  |  |  |  |
| **D. Equipment Purchased within quarter (detail type below)** |  |  |  |  |  |

**B.**

**Goals and Progress:**

|  |  |
| --- | --- |
| **A. Describe progress made toward project goals/objectives:** |  |
| **B. Describe and detail purchases made this past quarter:** |  |
| **C. Impact and Implementation of Equipment Purchased:** |  |
| **D. Describe any significant program activities during the reporting period (i.e., media event/coverage, news articles, community presentations, trainings etc).:** |  |

**C.**

**Barriers and challenges:**

|  |  |
| --- | --- |
| **A. Describe any barriers toward project goals/objectives** |  |
|  |  |