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**Commonwealth of Virginia Information**

**Virginia Department of Criminal Justice Services**

**Safer Communities Grant Program**

**QUARTERLY NARRATIVE REPORT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quarter 1 (July 1-September 30)** |  | **Quarter 2 (October 1-December 31)** |
|  | **Quarter 3 (January 1- March 31)** |  | **Quarter 4(April 1-June 30)** |

**INFORMATION & INSTRUCTIONS:**

• This form seeks narrative information about your FVIP 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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Row** | **FY 1st QTR** | **FY 2nd QTR** | **FY 3rd QTR** | **FY 4th QTR** | **YTD** |
| A) Number of participants Carried Over From the Previous Quarter |  |  |  |  |  |
| B) Number of New Staff/Groups Trained |  |  |  |  |  |
| C) Number of Community Walks |  |  |  |  |  |
|  |  |  |  |  |  |
| D) Number of Incidents Responded |  |  |  |  |  |
| E) Number of Community Events Organized |  |  |  |  |  |
| F) Number of Facilitated Educational Opportunities |  |  |  |  |  |
| G) Number of Law Enforcement Collaborations |  |  |  |  |  |
|  |  |  |  |  |  |

**Goals and Progress**

|  |  |  |
| --- | --- | --- |
| **A. Describe progress made toward project goals/objectives:** |  | |
| **B. What outputs did the project have during the reporting period as a result of the grant funding (i.e. Number of youth or young adults served, number of training hours provided to staff, etc.):** |  | |
| **C. Describe any significant program activities during the reporting period (media event/coverage, news articles, etc).:** |  | |
|  | |  |