

## Quarterly Progress Report

Department of Criminal Justice Services  
1100 Bank Street  
Richmond, VA 23219

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

This progress report is a mandated part of the program reporting requirements of the Department of Criminal Justice Services. Please respond to ALL questions. If additional sheets are necessary, please attach them.

**PROGRAM ACTIVITIES AND ISSUES**

1. Have you met all of the program's special conditions?                       Yes                       No  
If no, please indicate which special conditions have not been met and why:

2. Has your program experienced any personnel changes this quarter? If so, indicate below the name(s) and position title(s) of any staff who have left or who have been hired since the last report. Please describe below any problems or trends related to staffing.

Staff Name	Position	Date Hired	Date Left

Staffing problems/trends?

3. Please relate any problems or trends related to program budget and expenditures. (For example: Have disbursements been delayed? Have expenditures unexpectedly exceeded funding and why? Is the program experiencing the need for particular resources not covered in the current year's budget?)

4. Please describe any awards, press coverage, or notable accomplishments that your program or staff has received during the quarter.
  
5. Please describe any meetings, trainings or conferences the program staff has attended during the quarter.
  
6. Please indicate if there have been any changes in your planned activities (such as time frames, scope of project, goals & objectives). Have any goals and objectives been delayed or put behind schedule? Please describe why.
  
7. Please describe below any other miscellaneous program activity, plans, opportunities, new collaborations or challenges that were not described above.
  
8. For research purposes, please indicate the number of clients you worked with this quarter who are considered homeless, using the HUD definition<sup>1</sup>.
  
9. Please indicate the number of these direct services you performed year-to-date.
  - a. Food\_\_\_\_\_
  - b. Clothing\_\_\_\_\_
  - c. Housing\_\_\_\_\_
  - d. ID\_\_\_\_\_
  - e. Transportation\_\_\_\_\_
  
10. Do you require any technical assistance at this time?  Yes  No  
If yes, please specify the problem.

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<sup>1</sup> This definition is usually interpreted to include only those persons who are literally homeless -- that is, on the streets or in shelters -- and persons who face imminent eviction (within a week) from a private dwelling or institution and who have no subsequent residence or resources to obtain housing.