



Form A  
Annual Statistical Report  
All shaded areas are required to be completed

Program Name: \_\_\_\_\_  
Grant Number: \_\_\_\_\_  
Localities Served: \_\_\_\_\_  
Reporting Person: \_\_\_\_\_  
Date: \_\_\_\_\_  
Year: \_\_\_\_\_

Attach to this form, a copy of the Annual Statistical Report obtained from the COMET database using the DCJS Reporting Tool.