

## **Commonwealth of Virginia Virginia Department of Criminal Justice Services**

## **Coronavirus Emergency Supplemental Funding (CESF) Grant Program: SEMI-ANNUAL NARRATIVE REPORT**

| Grant Number:  | 20-A5228CE20   |  |
|--|--|--|
| Locality/Organization<br>Name:   | The Genieve Shelter  |  |
| Name of Person<br>Completing Report:   | Marleisa Montgomery  |  |
| Contact Information (phone & email):   | 757 925-4365   |  |
| Reporting Period:  |  |  |
| X Semi-ann   | ual #1 (January 20 – June 30, 2020) Semi-annual #2 (July 1-December 31, 2020)                                |  |
| Brief Project Description  | No activities during this reporting period.  |  |
| INFORMATION & INSTRUCTIONS:  |  |  |
| <ul> <li>This form seeks narrative information about the Coronavirus Emergency Supplemental Funding (CESF) grant project during the preceding reporting period as marked above.</li> </ul>   |  |  |
| <ul> <li>This form is to be completed and uploaded to the Virginia Department of Criminal Justice Services (DCJS) Grants<br/>Management Information System (GMIS) on or before the 15<sup>th</sup> day following the close of the quarter (July 15<sup>th</sup> and January 15<sup>th</sup>).</li> </ul> |  |  |
| Report only on   | Coronavirus Emergency Supplemental Funding (CESF) grant-funded services and activities.                      |  |
| • Limit your responses to approximately 2-3 paragraphs per question.   |  |  |
| QUARTERLY NARRATIVE QUESTIONS  |  |  |
| 1. What were your accomplishments within this reporting period?  |  |  |
| No activi  | ties during this reporting period.   |  |
| 2. What goals were   | e accomplished, as they relate to your grant application?  |  |
| <b>3.</b> What problems, your goals or mi  | /barriers did you encounter, if any, within the reporting period that prevented you from reaching ilestones? |  |

| 4. | is there any assistance that DCIS can provide to address any problems/barriers identified in the question above:  |
|----|---|
|    | (Please answer YES or NO. If yes, please explain.)  |
|    |   |
|    |   |
| 5. | - / |
|    | (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?  |
|    |   |
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