**Administrative Office of the Courts**

**Mediation and Conflict Resolution Office**

**2001-C Commerce Park Drive, Annapolis, MD 21401**

Community Mediation Performance Grants

Quarterly Progress Report Cover Sheet

**Grant Award #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quarter 1  Quarter 2  Quarter 3  Quarter 4**

[July 1 – September30] [October 1 – December 31] [January 1 - March 31] [April 1 – June 30]

**Due**: 10/31/2015 **Due:** 1/31/2016 **Due:** 4/30/2016 **Due:** 8/15/2016

***Additional requirements- see below***

*Please check the appropriate quarter above.*

**Organization Name**:

**Program Name (if different):**

**Address**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **City**: |  | **State:** |  | **ZIP**: |  |

**Federal Employee Identification Number (FEIN)**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone # | Email Address |
| Director |  |  |  |
| Project Manager |  |  |  |
| Person Completing this report, *if different* |  |  |  |
| Financial Authority |  |  |  |
| Has this information changed since your application/last report?  YES  NO | | | |

***SIGNATURE:***

|  |  |
| --- | --- |
| Approved for Submission by: |  |
|  | Date: |
| Title: |  |

The following items **must** be included with your Progress Report:

Narrative Report

MACRO Data Summary Report [from MADtrac]

Financial Report [from Financial Workbook]

Grant Invoice [from Financial Workbook]

**4th Quarter ONLY: Year-end Summary supplement**

**Part I: Narrative Report**

1. Give a brief description of the progress of your Center’s top three goals, as outlined in your grant application.

2. What other accomplishments has your Center achieved during this period?

3. What are the challenges your Center has encountered during this period, and how have you responded to them?

4. Please briefly discuss the status of your Center’s targeted long-term community project (if participating).

**Part II: Performance Data**

5. Please attach your center’s MACRO Data Summary Report from MADtrac. This report should include case data from April 1 to the end of the current period. ***Data logs should not be included.***

**Part III: Financial Report and Invoice**

6. Complete and attach a Financial Report and Invoice that corresponds to the current quarter. This report must include a PDF of the following pieces from your Financial Workbook:

* Overview Summary
* Quarter Detail Report
* Quarter Invoice [this must be signed by your Financial Authority]

*The Financial Workbook contains separate tabs for each quarter for reporting your expenses and submitting your invoice. They are labelled Q for quarter and 1, 2, 3, or 4 for the corresponding quarter.*

This report reflects a complete and accurate account of the activities associated with MACRO Grant #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the current quarter.

**Center Director or Program Manager:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a signed PDF of your complete Quarterly Report to: [MACROgrants@mdcourts.gov](mailto:MACROgrants@mdcourts.gov).

If you have any questions, please feel free to contact Alecia Parker at 410-260-3544 or at the above email address.