**Administrative Office of the Courts**

**Mediation and Conflict Resolution Office**

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

Conflict Resolution 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

Project Goals and Evaluation Plan Form [*from Application*]

Financial Report [*from Financial Workbook*]

Grant Invoice [*from Financial Workbook*]

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

**Part I: Narrative Report**

1. Please attach your updated Project Goals and Evaluation Plan Form.

*(Update the form submitted with your application. Complete the green Progress toward Outcomes boxes.)*

2. Give a brief description of the progress of your project to date.

3. What are the challenges your program has encountered, how have you responded to them, and what accomplishments has your program has achieved so far?

**Part II: Performance Data**

4. If your project includes direct service, please complete the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **# Completed in FY15** | **# Projected to be Completed in FY16 *(from application)*** | **# Completed to Date in FY16** |
| **Cases Screened for Mediation\*** |  |  |  |
| **Cases Mediated\*** |  |  |  |
| **Partial Agreements Reached\*** |  |  |  |
| **Full Agreements Reached\*** |  |  |  |
| **People Trained** |  |  |  |
| (additional categories can be added as necessary) |  |  |  |

\* Please adjust the labels above to reflect the appropriate type of service provided by your program – such as mediation, settlement conference, community conference, etc. Also, please add lines if your program provides more than one type of direct service using MACRO funds.

**Part III: Financial Report and Invoice**

5. 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.

**Director or Project Manager:**

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

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

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

Please send a signed PDF of your complete Quarterly Progress 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.