**Administrative Office of the Courts**

**Mediation and Conflict Resolution Office**

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

**Community Mediation Performance Grants**

**Year-End Grant Summary**

*Submit with 4th Quarter Grant Progress Report*

**Organization Name**:

**Program Name (if different):**

**Grant #:**

**Person completing this report: Email:**

**Phone number:**

1. Using your MACRO Data Summary Report, compare your center’s performance numbers for this performance year (April 1 to March 31) to that of the previous year. Has the center’s performance gone up, gone down, or stayed level? Discuss why. Does your center plan to make any changes to its operations based on what it has learned from its performance data?

2. Estimate the total number of people reached by your center in the past year. How have you reached this estimate?

3. Please provide one or two anecdotal success stories (anonymously) from your work in the past year. Select examples that illustrate why the work you are doing is important, and how it affects your intended audience (clients, general public, students, staff, etc.).

Feedback on MACRO’s Grant Program:

We invite you to provide feedback about improving our application and grant process, including our grant reporting, payments, etc.

* Was the application form clear and understandable? Was it easy to submit? If not, what would have made it easier for you?
* Were the reporting forms easy to complete? If not, what would have made it easier for you?
* Was the financial workbook easy to use? If not, what would have made it easier for you?
* Do you have any specific suggestions for MACRO with regard to its grant application and process?

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_