Howard County Department of Community Resources & Services

*Community Service Partnership (CSP) Human Service Grants*

**OPERATING GRANT**

**Organization:** _____ **Quarter:** _____

## Grant Report

1. What new collaborative efforts has the agency engaged in during this reporting period?

2. Have you experienced significant changes in the agency budget projections (revenue or expense) during this reporting period (i.e. special events, campaigns, loss of funding, etc.)? If yes, please explain.

3. Has the agency experienced a financial deficit during this reporting period? If yes, please explain how you are addressing the situation.

4. Have you added any new staff positions during this reporting period? Has there been turnover in staff or management in the agency? Are there currently staff vacancies which impact the work effort outlined in your grant agreement?

5. Did your Board meet during this reporting period? Were significant changes made to the governance, strategic priorities, or operations of your agency?

6. Please provide a status update on the objectives outlined in your strategic plan. If you currently do not have a strategic plan, what efforts are being made to develop one?

7. Describe any significant accomplishments achieved during the reporting period (not included in Performance Measures chart below) that you would like to share. This could include a client success story.

## PERFORMANCE MEASURES:

Complete a Performance Measures Form (separate document) for each activity that is outlined in the performance measures chart of your grant agreement. The number of individuals/families served should be an unduplicated count. Please be sure to calculate total values where applicable.