

**QUARTERLY REPORT NARRATIVE**

**FY201\_**

**AGENCY NAME**

**DATE**

**Quarter (Check One):**  Q1 (Oct –Dec)  Q2 (Jan – Mar)  Q3 (Apr – Jun)  Q4 (Jul – Sep)

Broward County’s Community Partnerships Division uses quarterly reports to monitor each program’s progress to ensure contracted outcomes and indicators are met. Quarterly reporting requirements include the submission of a 1) Quarterly Narrative Report, 2) Demographic Report and 3) Outcome Report. Quarterly reporting is to be submitted in conjunction with the respective monthly invoice each quarter.

**INTRODUCTION:** Provide program narrative related to the contract.

1. Include summary on changes to staff, staff training provided, Client success stories, noteworthy activities, agency accomplishments and/or challenges. Provide analysis of any changes in Client demographics, trends in data and/or service requests.
2. Describe improvements/changes made to Client services and/or service delivery this quarter as a result of satisfaction surveys, and other activities to enhance the quality of services provided.
3. Describe activities and/or any improvements made during the quarter in your agency’s internal process for data collection, entry and oversight to ensure data integrity.
4. Does your agency have any upcoming monitoring reports/visits and/or received any accreditation reports for a similar program from a different funding source or accrediting agency?
5. What is the status of any Broward County issued Corrective or Remedial Actions Plans from the past year?

**OUTCOMES:** List each outcome individually and detail performance for the quarter on the indicators for each outcome.

**OUTCOME 1:** type the outcome here

**INDICATOR 1:** type the indicator

- Improvement/Decline in performance for the quarter?
- How were the results measured? What was the formula used to determine the percentage performance?
- How did the agency determine which Clients were included in the calculation and which were excluded? What efforts did the agency make to include Clients who were not able to be evaluated?
- Any supportive information or explanation for performance. If performance indicator not met, what was the biggest challenge(s)?
- Steps agency is taking to address challenges where performance is below standard or is decreasing from the last quarter.
- If any Clients re-entered service within contract year, provide reasons why they returned. If appropriate, how to reduce number of Clients re-entering for service.

*Repeat for any additional indicators under the outcome and/or additional outcomes and those indicators.*

**Homeless Initiative Partnership Contracts ONLY**

# New Landlords during Quarter	Enter #
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**SIGNATURES:** Please note that signators should be the same as it appears on the Demographic form.

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Approval Signature

SAMPLE