

NYS Office of Children & Family Services Legislative Grants Unit Project Report

CONTRACTOR NAME:

CONTRACT #:

PROJECT NAME:

PREPARED BY:

DATE:

Describe the activities and progress related to the objectives that appear in your executed agreement. You must state the number of people actually served and/or frequency of services provided. If additional space is needed, please attach comments

OBJECTIVE # 1

Number of people served by this objective:

OBJECTIVE # 2

Number of people served by this objective:

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OBJECTIVE # 3

Number of people served by this objective:

OBJECTIVE # 4

Number of people served by this objective:

OBJECTIVE # 5

Number of people served by this objective:

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OTHER ACTIVITIES OR ACCOMPLISHMENTS

In this section describe any other activities or accomplishments related to your project. If you have produced any outreach or publicity material brochures, newsletters, etc. or have been the subject of a newspaper article, please attach a copy.

STAFFING CHANGES

In this section, please list any staffing changes. If changes involve staff funded by your Contract/Letter of Agreement with OCFS, you must report such changes in order for your voucher for payment to be processed.

RESULTS OF THE PROJECT

(This section should be completed at the end of the Project)

Describe the successes (and any failures) of the Project. State your recommendations for potential future project activities.