

**FAMILY DIVISIONS / FAMILY SERVICES GRANT
CASA GRANT QUARTERLY REPORT**

Grant No.: _____

Fiscal Year: _____

Quarter: 1st 2nd 3rd 4th/Final

Please use this form to report on the activities and expenditures of the Circuit Court Family Division or Family Services Program. This report is due 15 days after the end of each quarter:

1st Quarter (July 1 through September 30)
2nd Quarter (October 1 through December 31)
3rd Quarter (January 1 through March 31)
4th Quarter (April 1 through June 30)

Quarterly report due - October 15
Quarterly report due - January 15
Quarterly report due - April 15
Quarterly report due - July 15

Please submit completed Quarterly Reports to:

Connie Kratovil-Lavelle, Executive Director
Department of Family Administration
Administrative Office of the Courts
580 Taylor Avenue
Annapolis, Maryland 21401
Phone: 410-260-1580

Project Name: _____

Organization Name: _____

Organization Address: _____

Organization Director/CEO: _____ Phone: _____

Project Director: _____ Phone: _____

This Quarterly Report has been prepared and submitted by:

Name (Printed)

Title

Signature

Date

Narrative Report

1. Describe your progress toward fulfilling the ten-point performance model.

2. Describe any difficulties you have had in achieving your program goals.

3. Discuss Program highlights for this reporting period/year (training offered, fundraising/special events, press coverage, etc. Please attach copies of any news articles or other materials developed).

4. Identify any areas in which the AOC or Maryland CASA could be of assistance to your program.

AOC Quarterly Statistical Report

(send original to AOC, copy to Maryland CASA by 15th of October, January, April, and July)

Program:		Quarter Ending:	
Completed by:		Date (mm/dd/yy):	

I. Children Served

A. Open Cases (items indicated with : symbol may be obtained from the "Child Activity Detail - Assigned" report in COMET unless otherwise indicated; 7 indicates items that must be tracked manually).

1. Total number of active children with volunteers at beginning of quarter. :					
2. Total number of new children assigned to volunteers during the quarter. : (Annual Program Survey Section Four: Children)					
3. Total number of active children with volunteers during the quarter. :					
4. Total number of active children with volunteers at the end of the quarter. :					
5. Total number of children with open cases (i.e. previously assigned to a volunteer) that were not actively assigned to volunteers during the entire quarter. 7					
6. Total number of children served by the program without a volunteer during the quarter (both new cases referred by the court but not yet assigned and previously assigned cases that need to be reassigned). : (Annual Program Survey Section Four: Children)					
7. Total number of families served during quarter. : (Annual Program Survey Section Four: Children)					
8. Please enter the number of children in cases other than CINA and guardianship cases served during the quarter by legal status: 7					
Delinquency:	CINS:	Custody:	Other (specify):	Total:	
9. Demographics of children served during quarter.:					
Black/African American:	Asian American:	Caucasian:	Latino:	Native American:	Bi-racial:
			Other:	Total:	
Male:			Female		Total:

B. Case Closures (the following numbers may be obtained from the "Annual Program Survey Section Four: Children" report in COMET unless otherwise specified-you must enter the dates for the quarter; 7 indicates items that must be tracked manually).

1. Total number of children closed during quarter. :		
2. Number of children whose cases were closed by program (but remain open in court, i.e. CASA rescinded). : (Child Outcome Measures report)		
3. Number of children whose cases closed in court. : (Child Outcome Measures report)		
4. Reason for program closure (i.e. placement/case outcome). :		
Child Placement Outcomes (enter the # of children placed in each placement category below when their CASA cases closed): : (NOTE: categories in COMET may differ from those below. COMET allows you to add new categories.)		
a. Returned to bio. parent/guardian		
b. Adopted		
c. TPR granted or pending - child in pre-adoptive home		

d. Child living independently	
e. Runaway/AWOL	
f. Placed w/Relative/Guardian (Not adopted)	
g. Another Planned Permanent Living Arrangement (APPLA)	
h. Child still in out-of-home care (not APPLA)	
i. Other (specify)	
j. Other (specify)	

II. Volunteers

A. Recruitment 7 (COMET does not track this information)

1. Number of inquiries from prospective CASA volunteers during quarter:			
Please indicate below the number of prospective volunteers who learned about CASA through each source:			
Paid advertising (<i>print/TV/radio</i>)		Maryland CASA referral (<i>regardless of original source of information</i>)	
Free Print Media (<i>e.g. Public Service Announcements, articles in newspapers, magazines, or newsletters</i>)		Outreach to churches/businesses/organizations (<i>e.g. speaking engagements, etc.</i>)	
PSAs on Radio		Word of Mouth (<i>referred by a friend, another volunteer, etc.</i>)	
PSAs on Television		Volunteer fairs, exhibit tables at conferences/events, etc.	
Referral from another CASA program, NCASAA, a volunteer center, or another agency		Other (<i>please specify</i>):	
		Other (<i>please specify</i>):	
Internet (<i>program's web site, VolunteerMatch, etc.</i>)			Total:
2. Number of CASA volunteer applications received during quarter. 7			
3. Number of prospective volunteers interviewed during quarter. 7			

B. Training (COMET does not track this information)

1. Number of prospective volunteers who completed pre-service training during quarter. 7	
2. Number of hours of in-service training provided during quarter. 7	

C. Service :

1. Number of court reports submitted to / accepted by court during quarter.	
2. Total Number of volunteers involved (active and on leave) during the quarter.	
3. Number of CASA recommendations accepted (i.e. ordered) by the court during quarter.	
4. Total number of CASA recommendations submitted to the court during quarter.	
5. Total number of hours spent on cases as reported by volunteers during quarter.*	

6. Total number of time log reports submitted by volunteers during the quarter.		
7. Time period covered by time log reports (i.e. month, quarter)		
*may need to be done manually as COMET tracks types of activities and time spent for all volunteers but does not track individual totals of volunteer time.		

D. Demographics of Volunteers compared to Jurisdiction

1. Ethnicity - enter the number of volunteers & the percent of jurisdiction's general population that are:	Volunteers	% of Jurisdiction
a) Black/African American		
b) Asian American		
c) Caucasian		
d) Latino		
e) Native American		
f) Bi-Racial		
g) Other (please specify)		
Total number of volunteers that served during quarter		
2. Gender	Enter #	
a) Male		
b) Female		
3. Age		
a) 21-29		
b) 30-39		
c) 40-49		
d) 50-59		
e) 60 + above		
4. Education		
a) High School		
b) Some College		
c) College		
d) Post-Graduate		
TOTAL NUMBER OF VOLUNTEERS (c.2. above) DURING QUARTER		

**Department of Family Administration
Administrative Office of the Courts
CASA QUARTERLY FINANCIAL REPORT**

Grant No.:

Jurisdiction: _____

Grantee: _____

Projected Start: _____ Projected End: _____ Quarter End Date: _____

Report No. (check one) 1 2 3 4 Other Final Revised Fiscal Year _____

Description	Grant Expenditures Prior Total	Grant Expenditures Current Quarter	Grant Expenditures YTD [A + B]	Budgeted Grant Award	Remaining Grant Funds [D - C]	Prior Matching Fund Expenditures	Matching Fund Expenditures Current Quarter	Matching Fund Expenditures YTD [F + G]	Remaining Match Required [D - H]
	A	B	C	D	E	F	G	H	I
Personnel: (Salary/Fringe) 1. 2.									
Administrative Costs									
Equipment/Software									
Contractual: 1. 2.									
Printing/Photocopying									
Supplies									
Telephone									
Training: 1. 2.									
Travel									
Other Direct Costs: 1. 2.									
Totals									

CERTIFICATION: I certify that this report presents actual receipts and actual expenditures of funds for the period covered and for the total award.

Signed: _____
Financial Officer

Date: _____

Telephone No. _____