

**DEPARTMENT OF FAMILY ADMINISTRATION  
SPECIAL PROJECT GRANTEES QUARTERLY REPORT**

Grant No.: \_\_\_\_\_  
Special Project Name: \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_

Quarter                       1st                       2nd                       3rd                       4th

Please use this form to report on the services your organization provided with funding from the Administrative Office of the Courts' Department of Family Administration Special Project Grant. This report is due **15 days** after the end of each quarter:

1st Quarter (July 1 through September 30)	Quarterly report due - October 15
2nd Quarter (October 1 through December 31)	Quarterly report due - January 15
3rd Quarter (January 1 through March 31)	Quarterly report due - April 15
4th Quarter (April 1 through June 30)	Quarterly report due - July 15

Please submit completed Quarterly Reports to:

*Connie Kratovil-Lavelle, Deputy Director  
Department of Family Administration  
Administrative Office of the Courts  
580 Taylor Avenue  
Annapolis, Maryland 21401  
Phone: 410-260-1296*

**I. Grantee Information**

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



5. ***Volunteerism:*** Please describe what, if any, volunteer efforts supplement the services provided through the project.

6. ***Success Stories:*** Please provide any anecdotal success stories (anonymously, of course) that were accomplished through the services provided within the funded project.

7. ***Other Funding Sources:*** Is this project being supported in part by other funding sources? If yes, please list the funding sources below and describe which aspects of the project were provided through that additional funding.

### III. Program Statistics for Grant-Funded Activities

<b>Intakes Conducted/Cases Opened</b>	<b>Number for the Quarter</b>	<b>Number Year to Date</b>
Number of Intakes Conducted		
Number of Cases Accepted		
Number of Cases Rejected		

<b>Reason for Case Rejection</b>	<b>Number of Rejected Cases for the Quarter</b>	<b>Number of Rejected Cases Year To Date</b>
Conflict of Interest		
Not in Program's Priorities		
Insufficient Program Resources		
Other - Specify:		

<b>Legal Problem Category</b>	<b>Number of Cases Opened this Quarter</b>	<b>Number of Cases Opened Year to Date</b>
Interim Protective Order		
Temporary Protective Order		
Final Protective Order		
Modification Proceedings		
Peace Order		
Appeals		
Criminal Accompaniment		
Divorce/Separation		
Custody/Visitation		
Child Support		
Spouse Support		
CINA		
Juvenile (other than CINA)		
Adoption		
Other Family (please define)		
Other Civil (please define)		

Type of Services Provided by paid staff this quarter	No. of Cases Handled by Lawyers	No. of Cases Handled by Paralegals	No. of Cases Handled by Advocates	No. of Cases Handled by Other
Information/Referral/Brief Advice - in person				
Information/Referral/Brief Advice - via phone				
Case Preparation (examples: obtaining police reports, medical records, interviewing witnesses)				
Legal Advice or Consultation - in person				
Legal Advice or Consultation - via phone				
Legal Representation				
Safety Planning				
Follow-up Contact with Protective Order Clients Between Hearings				
Community Education				
Training				
Advocacy/Support				
Administrative/Clerical				
Administrative/Managerial				
Supervision of Legal Case Work				
Other (Please define)				

Demographics of Clients Served	Number of Cases Opened this Quarter	Number of Cases Opened Year-to-Date
<b>AGE</b>		
0-12		
13-17		
18-25		
26-40		
41-60		
61 and older		
<b>GENDER</b>		
Female		
Male		
<b>RACE</b>		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Black, not of Hispanic Origin		
Hispanic		
White, not of Hispanic Origin		
Information not Available		
<b>CLIENTS WITH SPECIAL NEEDS</b>		

<b>Major Benefits from Direct Services to Individuals</b> <i>(Please identify the single most significant benefit that was achieved from the case)</i>	<b>Number of Cases Closed this Quarter</b>	<b>Number of Cases Closed Year to Date</b>
<b>FAMILY MATTERS</b>		
Obtained protection from domestic violence via Interim Protective Order		
Obtained protection from domestic violence via Temporary Protective Order		
Obtained protection from domestic violence via Final Protective Order		
Obtained protection from domestic violence via Peace Order		
Obtained successful outcome upon Modification Hearing		
Obtained successful outcome upon Appeal		
Obtained emotional and informational support through criminal accompaniment		
Obtained, preserved or increased child support		
Obtained, preserved or increased spouse support		
Obtained or maintained custody of children		
Obtained or preserved right to visitation		
Obtained a separation		
Obtained a divorce		
Obtained assistance in negotiating separation agreement		
Obtained guardianship or adoption for a dependent child		
Avoided removal of children		
Avoided termination of parental rights		
Avoided or reversed administrative finding of child abuse/neglect		
Established paternity for child		
Obtained brief advice, information and referral on Family Law		
Obtained brief advice, information and referral on an Individual Rights matter		
Obtained counseling services		
Other (please define)		

**IV. Expenditure Reporting**

Please report below on your quarterly and cumulative state grant expenditures for this fiscal year.

**Special Project Grant Expenditure Report**

Grantee: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Current Fiscal Year: \_\_\_\_\_

Quarter:  1st  2nd  3rd  4th

Date of Report: \_\_\_\_\_

Description	Prior Total	Current Quarter	YTD	Budgeted Grant Award	Approved Modifications	Approved Budget
<b>Operational Expenses</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>D + E</b>
<b>Personnel Costs</b>						
Salary						
Fringe						
<b>Administrative Costs</b>						
Dues/Subscriptions/Publications						
Equipment/Software						
Contract/Consultants						
Printing/Photocopying						
Supplies						
Telephone						
Training: 1. 2.						
Travel						
Other Direct Costs						
Indirect Costs/Administrative						
<b>Totals</b>						