**Name of Agency: Date:**

**Contract Term: FY21**

**(Note: Use as much space as needed to answer the questions; the space will expand as needed. Please respond to all questions, do not delete any, however you may enter “N/A”, if applicable, except for 1, 2 and 6.)**

|  |
| --- |
| 1. **State the Scope of Program, including all outcomes (quantifiable objectives), listed under A.1. in your current DA contract. (Example: Objective: 90 participants will be promoted on time.)** |
| 1. **State the status of the achievement of all those objectives as of December 31. (Example: Status: 93 participants were promoted on time.)** |
| 1. **What obstacles have you faced in meeting the goals and objectives of this program?** |
| 1. **What obstacles have you faced in complying with the DA grant requirements?** |
| 1. **How have these obstacles been addressed (steps taken to get back on target)?** |
| 1. **Briefly describe DA-funded project activities and/or events held, and number of participants/clients/recipients.** |
| 1. **Describe any significant changes in staff since the start of the fiscal year. How did such changes affect the program?** |
| 1. **Please describe anything else that has a bearing on the accomplishment of the program objectives or that would be useful for Metro to know (e.g., analysis and explanation of cost overruns or high unit costs, particular achievements, success stories/testimonials, etc.)** |

**I certify that the above information is true and complete and that funds received were utilized in accordance with the contract terms and conditions.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_**

**Name (printed) Title**

**Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DA INTERIM PROGRAM REPORT INSTRUCTIONS**

1. **Please complete the report on the computer, then print it out and sign it. Otherwise there may not be enough space on the paper form to answer the questions adequately.**
2. **The time period covered for the Interim Program Report is the first six months of the current contract, July 1 through December 31. The Interim Program Report is due by no later than February 17, 2020 per the contract.**
3. **Please respond to every question, using N/A if appropriate for an item. You may not respond “N/A” to Items 1, 2 and 6. Do not delete any questions.**
4. **Use as much space as needed to answer the questions; the boxes will expand to hold as much text as needed.**
5. **If you have any questions about the report, you may contact Vaughn Wilson at (615-862-6714) or by email at** [**vaughn.wilson@nashville.gov**](mailto:vaughn.wilson@nashville.gov)**.**

1. **Please scan a signed report to Vaughn Wilson at** [**vaughn.wilson@nashville.gov**](mailto:vaughn.wilson@nashville.gov) **Please do not mail in interim reports.**

**Note: Staff will not be able to accept Hand Delivered reports.**