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Agency Name: Houston-Galveston Area Council  
 Grant/App: 2606707 Start Date: 10/1/2018  
 Project Title: Regional Juvenile Mental Health Services  
 Status: Pending Final Close-Out End Date: 9/30/2019 Fund Source: SF-State Criminal Justice Planning (421) Fund  
 Current Grant Manager: Madeline De Amaral  
 Current Program Manager: Andrew Friedrichs Liquidation Date: 12/29/2019  
 Original Award: \$136,043.69  
 Current Budget: \$130,482.24 Current Award: \$130,482.24 CFDA: NONE  
 OOG Solicitation: SF19-PY19 State Criminal Justice Planning Fund - Juvenile Justice (Local-Statewide)

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General Information and Instructions

Progress Reports

*The blue line represents the current, editable reporting period*

Required Reports	Reporting Period	Date Created	Date Submitted	Status	Due Date	Days Overdue	Approved Date	Select
Report 1: Biannual	September through February	4/22/2019	4/22/2019	Approved	3/20/2019	33	4/26/2019	<a href="#">View</a>
Report 2: Biannual	March through August	9/20/2019	9/20/2019	Approved	9/20/2019		9/20/2019	<a href="#">View</a>
Report 3: Biannual	September through February				3/20/2020			<a href="#">Edit</a>

**Report 3: Biannual  
for**

**Reporting Period: September through February**

**If reports are not submitted on time, grant funds will be placed on hold**

Key Performance Indicators

Describe your project's key ACCOMPLISHMENTS as they relate to each Objective and Target. The measures and targets shown below should match the information submitted in your eGrants application. You are responsible for providing the actual results for the current reporting period (unless otherwise specified). Use the "Notes" field to provide explanations for any significant variance from established targets.

OOG-Defined Measures

Output Measures	Target Level	Total	Report 1	Report 2	Report 3	Notes
*REQUIRED TOTAL: Counseling, therapy, or other care performed by a licensed professional: Hours delivered	500	667	0	667		
*REQUIRED TOTAL: Counseling, therapy, or other care performed by a licensed professional: Individuals receiving	250	100	0	100		
Licensed counseling/therapy: Individuals assessed or screened for needs	250	100	0	100		

To modify these objectives in any way, contact your OOG Grant Manager. These objectives are preloaded from your eGrants application and any change requires a grant adjustment.

Required Narrative Questions

1. Briefly describe your grant funded activity during this reporting period.

2. Have you had significant staff turnover (>25% of org. total) during the reporting period?

- Yes
- No

3. Are you on track to spend the full amount budgeted in your application?

- Yes

No

If no, describe any problems or obstacles that have affected your ability to spend your grant funds.

4. Are you on track to meet your project goals as outlined in your application?

Yes

No

If no, describe any problems or obstacles that have affected your ability to achieve the goals stated in your grant application narrative.

Notes by Grantee to OOG:

Note from Grantee to OOG

