

Harford County, Maryland  
**QUARTERLY NARRATIVE ASSESSMENT REPORT**

1. **Grantee:** \_\_\_\_\_
2. **Address:** \_\_\_\_\_
3. **Project Title:** \_\_\_\_\_
4. **Name and Title of Person Completing this Report:** \_\_\_\_\_  
\_\_\_\_\_
5. **Telephone Number of Person Completing this Report:** \_\_\_\_\_
6. **Fiscal Year:** 2020
7. **Period Covered by this Report:**  
 (1<sup>st</sup>) July – September                       (2<sup>nd</sup>) October – December  
 (3<sup>rd</sup>) January – March                       (4<sup>th</sup>) April – June

**Important Notes:**

Please include information **ONLY** on the programs funded through the Harford County Grant in Aid Program.

In Section 5:

- Decide if your organization will report data on **individual clients served OR on households served**. Once decided, be consistent throughout this report and on all QUARTERLY NARRATIVE ASSESSMENT REPORTS your organization submits this fiscal year.
- **New Clients:** On the first quarter report, all clients or households served by your organization from July 1 through September 30 are considered new clients or new households (new and year to date will be the same on this report). On subsequent quarter reports, new clients or new households will be those served for the first time during that particular quarter.

8. **Program Updates:**
  - A. **Overview:** Refer back to your organization’s Grant-In-Aid application, and summarize the program that was proposed for this fiscal year.

B. Objectives:

- a. Refer back to your organization’s Grant in Aid application, and list the objectives that your organization planned to accomplish this fiscal year.
- b. For each objective, report on the progress made during this reporting period. **BE SPECIFIC.** Do not use phrases such as, “Same as last report”, or, “Objective in progress”.

9. **Other Funding Sources:**

Complete the chart below, showing the efforts made by your organization to seek sources of funding other than from Harford County. Indicate the status of requests/initiatives, source(s), and the amount(s) requested or received.

Name of Funding Source	Amount Requested	Status (Use an ‘X’ to indicate status)				Amount Awarded
		Submitted	Pending	Awarded	Not Awarded	

10. **Partnerships, Collaborations, and Linkages:**

Complete the chart below, identifying the partnerships/linkages/collaborations your organization established or pursued with other service providers during this reporting period in order to more effectively deliver services to the organization’s target population.

Partnership/collaboration /linkage established <i>this reporting period</i>	Purpose of this partnership/collaboration /linkage	How has this partnership/collaboration /linkage benefited the clients served during <i>this reporting period</i>

**11. Other Programs:**

Briefly describe the programs your organization provides that are not funded by the Harford County Grant-In-Aid Program.

**DATA ON CLIENTS OR HOUSEHOLDS SERVED DURING THIS REPORT PERIOD**

**12. Throughout Fiscal Year 2020, our organization will report data on:**

Individual Clients Served      *OR*

Households Served

**13. FY2020: Number of Clients or Households to be served:**

Refer to the grant application that was submitted, and enter the number of Clients or Households the organization proposed to serve this fiscal year, using Harford County Grant in Aid funds:

\_\_\_\_\_

**14. Clients or Households Served:**

	This Report Period		Year-to-Date	
	Clients	Households	Clients	Households
Total Served				
New Clients <i>or</i> Households				
Female-Headed Households				

**NEW Clients or Households Served During This Report Period**

15. Race/Ethnicity Data	# of Clients	# of Households
White		
Black or African-American		
Asian		
American Indian/Alaska Native		
Native Hawaiian/Pacific Islander		
Other		
Two or More Races		
Hispanic or Latino (can be of any race)		

**NEW Clients or Household Served During This Report Period**

<b>16. Income Levels (see chart below)</b>	<b># of Clients</b>	<b># of Households</b>
Extremely Low Income		
Low Income		
Low to Moderate Income		

**HUD Designated Income FY2019 Income Limits**

	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>Extremely Low Income</b>	\$ 21,250	\$ 24,250	\$ 27,300	\$ 30,300	\$ 32,750	\$ 35,150	\$ 37,600	\$ 40,000
<b>Very Low Income</b>	\$ 35,350	\$ 40,400	\$ 45,450	\$ 50,500	\$ 54,550	\$ 58,600	\$ 62,650	\$ 66,700
<b>Low Income</b>	\$ 52,850	\$ 60,400	\$ 67,950	\$ 75,500	\$ 81,550	\$ 87,600	\$ 93,650	\$ 99,700

**NEW Clients or Household Location Served During This Report Period**

<b>17. Client or Household RESIDENCE at the Time of Service Provision</b>	<b># of Clients</b>	<b># of Households</b>
Aberdeen		
Abingdon		
Bel Air		
Edgewood		
Fallston		
Forest Hill		
Havre de Grace		
Joppa		
Northern Harford County		
Baltimore City		
Baltimore County		
Cecil County		
Homeless		