



**Harford County Office of Drug Control Policy
Community Contributions Program
Final Progress Report FY 2023**

ORGANIZATION:

PERSON COMPLETING THIS REPORT:

TELEPHONE NUMBER:

EMAIL ADDRESS:

Please answer the following questions briefly but completely. Attach additional sheets if necessary.

1. Describe the progress your organization has made toward solving the problems identified in the grant application.
2. What steps has your organization taken to implement the program? List numerically if possible.
3. What difficulties, if any, have you encountered?
4. Has your organization completed the project? If your organization is engaged in an on-going project, what other funding sources have you considered?

5. How have the goals of the project identified in the application been achieved? How has the community benefited because of this project? Please cite specific numbers and results where possible.

FINANCIAL REPORT

<u>Category</u>	<u>Planned expenses</u>	<u>Actual expenses</u>	<u>Unspent funds</u>
Salaries			
Printing			
Brochures			
Supplies, etc.			
Equipment			
Other			
Total:			

Unspent funds in excess of ten dollars (\$10) must be returned to the Office of Drug Control Policy (ODCP) unless otherwise authorized. Contact the ODCP for more information. A final progress report must be submitted for your organization to be considered for the FY-24 Community Contribution.

CERTIFICATION: I certify that to the best of my knowledge, the information above is correct and all expenses are in accordance with the community contribution conditions.

Signature: _____ Date: _____

Name and Title: _____

Return to: Harford County Office of Drug Control Policy
125 N. Main Street
Bel Air, Maryland 21014