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***Quarterly Report***

County Name:

Q1 Q2 Q3 Q4

**LCC Coordinator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Email** | **Phone** | **Address** |
|  |  |  |  |

**Technical Assistance Request**

|  |
| --- |
| *Please provide detailed description* |

**Barriers**

|  |
| --- |
|  |

**Successes**

|  |
| --- |
| *What are you proud of?* |

**Meetings During Quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Location** | **Date**  | **Number of Attendees** | **Meeting Minutes** |
| *101 W. Street* | *April 16, 2020* | *14* | (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Program and SMART Goals**

|  |  |  |
| --- | --- | --- |
| **Program Name/Description** | **Amount Awarded** | **Applicable SMART Goal** |
| ***Prevention/Education*** |
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| --- | --- | --- |
| **Program Description** | **Amount Awarded** | **Applicable SMART Goal** |
| ***Treatment/Intervention*** |
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|  |  |  |
| --- | --- | --- |
| **Program Description** | **Amount Awarded** | **Applicable SMART Goal** |
| ***Criminal Justice Services/Activities*** |
|  |  |  |
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|  |  |  |
|  |  |  |

**Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Approved CCP Budget**  | **This Quarter Expenditures** | **Total Expenditures** | **Balance** |
| ***Prevention/Education*** |  |  |  |  |
| ***Treatment/Intervention*** |  |  |  |  |
| ***Criminal Justice Services/Activities*** |  |  |  |  |
| ***Administrative*** |  |  |  |  |
| **Totals:** |  |  |  |  |