## RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

## QUARTERLY PROGRAM REPORT

**AUTHORITY:** 1935 PA 59, as amended; **COMPLIANCE:** Voluntary, however, grant funds will be withheld if not submitted on a quarterly basis

* Use this form to provide a **complete** description of all project activities during this quarterly reporting period.
* All Quarterly Program Reports (QPR) are fill-in enabled using Microsoft Word.
* Fields 1-8 have unlimited input and will expand if filled in on screen.
* Additional copies of the QPR can be obtained from the Michigan State Police (MSP), Grants and Community Services Division website at [www.michigan.gov/cjgrants](http://www.michigan.gov/cjgrants). To download this report, click on “Byrne JAG & RSAT Grant Application and General Information” and then “Forms.”
* **The QPR is due to the MSP no later than 20 days following the end of the quarterly report period**. Unless prior arrangements have been made with your grant advisor, the QPR is due on: **January 20, April 20, July 20 and October 20.**
* Failure to submit the QPR by the due date will cause the MSP to withhold the release of funds.
* After completing each QPR, be sure to save it to your computer. You will be attaching the QPR to your application within the MSP’s e-grant system (MAGIC+) for electronic submission.
* If you have any questions regarding this form, please contact the Grants and Community Services Division at 517-284-3208.

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| 1. **I. General Information** | | | |
| Grantee Name | | | MSP Project Number |
| Project Title | | | |
| Project Start Date | | Project End Date | |
| Report Quarter  1st  2nd  3rd  4th | | Report Period Ending Date | |
| Person Completing this Report (Name and Title) | | | |
| Telephone Number | FAX Number | Email Address | |
| **II. Project Activities** | | | |
| 1. Do you have any specific success stories that you would like to share that occurred within this reporting period? | | | |
| 2. What goals were accomplished, as they relate to your grant application? | | | |
| 3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones? | | | |
| 4. Do you need any technical assistance at this time? | | | |
| 5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? | | | |
| 6. What major activities are planned for the next six months? | | | |
| 7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with the MSP? | | | |
| 8. Do you have any training needs at this time? | | | |