DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WIC DC

Appendix 10.001B
District of Columbia WIC State Agency
Grantee Quarterly Narrative Report

Quarter: _____ **Dates:** _____ **to** _____

Coversheet

Organization Name:		Report Date:	
Funding Source:		Contact Name:	
Grant Number:		Contact Title:	
Program Description:	DC WIC Local Agency	Contact Email and Phone:	

NOTE: *Please fill out the top coversheet and ensure that the following topics are addressed in the narrative sections. If a section is not applicable type N/A into the corresponding box and include a brief statement indicating why the section does not apply to your program for this reporting period.*

Quarterly Report Check List

- ☐ **Progress Report**
- ☐ **Total Population Served**
- ☐ **Partnerships and Related Activities**
- ☐ **Upcoming Activities**
- ☐ **Challenges**
- ☐ **Deviations from Plan**
- ☐ **Additional Comments**

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Narrative Form

Progress Report: Describe the key accomplishments of your WIC-related work for the past three months and how they align with your proposed FY2020 goals and objectives. Include any quantitative data related to these accomplishments. For example, surpassing your projected targets or discovering new strategies for valuable impacts. ***Be sure to indicate the status of each objective. If the objective is no longer projected to be met within FY2020, note this change in the "Deviation from Plan" section below.***

Objectives	Accomplishments	Target Date	Objective Status (On schedule/ Behind schedule/ Will not meet)
Goal 1:			
Objective 1.1			
Objective 1.2			
Objective 1.3:			
Goal 2:			
Objective 2.1:			
Objective 2.2:			
Objective 2.3:			
Goal 3:			
Objective 3.1:			
Objective 3.2:			
Objective 3.3:			

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Total Population Served: Indicate the caseload for each of your DC WIC sites during the past three months and a year-to-date total of that number.

Site Number	Site Name	Quarter 1 Caseload (Oct/Nov/Dec)	Quarter 2 Caseload (Jan/Feb/Mar)	Quarter 3 Caseload (Apr/May/Jun)	Quarter 4 Caseload (Jul/Aug/Sep)	Total Caseload (Year-to-date)

Partnerships and Related Activities: Describe any new collaborative efforts, including outreach efforts, activities in coalitions, chambers of commerce, and/or boards of directors that relate to your work plan goals.

Upcoming Activities: List any program-related activities you have scheduled for the upcoming quarter, including special events, earned media opportunities, webinars, press conferences, health fairs, or other activities that relate to your work plan.

Challenges: If you encountered any barriers or obstacles in your work during the past quarter, please describe the challenge and any steps you have taken to address the issue(s).

Deviation from Plan: Explain any deviations from your original FY2020 goals and objectives that have occurred during this quarter. If you indicated there was a deviation from the original plan for completing a specific milestone, please elaborate on those changes in this section.

Additional Comments: Include any additional comments you would like to share that have not already been captured in the previous sections.