



**SUMMARY OF SERVICES
FY 2023- 2024**

Organization:
Program Title:
Prepared By: (Name, Title, Phone, E-mail)

Instructions: Part I requests data to compare data at the time of the grant submission with the actual/revised amounts, based on the actual grant award. First, enter the number of unduplicated people to be served. Then enter the services/outcomes related to the program. The "Total Program" columns should include the total number of people served, and the "Portsmouth" columns should include only the number of Portsmouth residents served. If there is a significant difference between the projected and revised amounts, please explain in Part 2 on the following page.

Part 1	Projected Amounts for July-June (Projected amounts at the time of grant submission)		Revised Amounts for July-June (Based on actual data projected to June 30)	
Services/Outcomes (1)	Total Program (2)	Portsmouth (3)	Total Program (4)	Portsmouth (5)
Unduplicated number of individuals to be served:				

Form D – Part 2
Summary of Services FY 2023-24

Please provide a brief narrative description of your program to date. Include information such as: whether you are on track to meet the goals described in your application. If so, please describe successes and/or any unanticipated results. If not, please explain possible causes for the delay and describe the plans for achieving success between now and the end of the grant period. You may attach additional pages, as necessary.

Part 3 – Certification: I certify that this report represents the total service delivered by this agency in meeting its stated objectives in accordance with the approved application of the above-mentioned grant.

Name and Title of Authorized Official

Signature of Authorized Official

Date Signed