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| --- | --- |
| **Project Number**  |  |
| **Agency Name**  |  |
| **Agency Contact Name**  |  |
| **Agency Contact Email Address** |  |

**Return on Investment Narrative:**

| *Briefly describe the services rendered, summarize the activity accomplished, detail how Florida’s students benefitted, the number of individuals served, etc.* |
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**Scope of Work and Narrative Report**

| **Scope of Work Tasks/Activities***Please enter the approved scope of work in your agency's Project Performance Accountability Form.*  | **Narrative Report** *Briefly describe the progress or challenges encountered with each task/activity (if any).*  |
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*Note: Add additional lines if necessary.*

**Was interim DOE 399 completed for this quarterly report? Yes** [ ]  **No** [ ]

**Does your agency need the next quarterly advance for any large purchases? Yes** [ ]  **No** [ ]

**If yes, please provide a brief detail for why the next quarter’s release of funds or more is needed:**

|  |
| --- |
| *Enter justification for additional release of funds* |