

CLIENT SERVICES & CONTACT REPORT INSTRUCTIONS

(Updated 6/20)

1. Recipient Name

Enter the name exactly as it appears on the NCIDC STD. 213 face page.

2. MOA Number

Enter the agreement number as it appears on the NCIDC STD 213 face page.

3. MOA Term Dates

Enter the term dates as they appear on the NCIDC STD 213 face page.

4. Description of Services

Working from the approved Work Plan, for each service, briefly describe how the activities and services were provided, as well as, the group targeted to receive these services i.e. children, elders, single parents, etc.

5. Service Code

Working from the approved Work Plan, provide the service code number from the Work Plan Form for each activity.

6. Actual Number of Clients Served

Provide the actual number of clients served in each appropriate service code for the program year.

Definition of a Client

A person who receives CSBG funded services is considered a client. The client is counted one time during a specific program year in each program in which services are received.

7. Actual Number of Households Served

Provide the actual number of households served in each appropriate service code for the program year. A household is one or more people living in the same home.

8. FNPI Outcomes

Provide the actual number of outcomes for each FNPI service code during the program year.

For example, an Individual received a food box under service code SRV 5jj for Food Distribution (Food Boxes) Then if you sent out a survey asking the individual if the food box had given them a better sense of food security then you could report those

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responses to the survey under FNPI outcomes specifically, code FNPI 5z. The number of individuals who reported a better sense of food security.

9. Total Number of Volunteers Hours

Provide the total number of volunteer hours during the program year donated to the agency (e.g. program support, service delivery, fundraising). Board members, the head start policy council, and parent advisory board members should be included here. If there will none, enter zero.

10. List Partnerships

Working from the approved Work Plan, list the name of each organization and enter the actual number of partnerships, created or maintained, that occurred during your project. If you have none, enter zero. A “Partnership” is defined as any outside agency or entity that has assisted you in achieving the goals of your project. Significant cooperation with other entities and divisions of the same Tribe may count as partnerships.

Partnerships/Organizations

Number of organizations, both public and private, that your Tribe actively works with:

B.5a. Non-Profit

B.5b. Faith Based

B.5c. Local Government

B.5d. State Government

B.5e. Federal Government

B.5f. For-Profit Business or Corporation

B.5g. Consortia/Collaborations

B.5h. School Districts

B.5i. Institutions of Post-Secondary Education/Training

B.5j. Financial/Banking Institutions

B.5k. Health Service Organizations

B.5l. Statewide Associations or Collaborations

NOTE: The signature and title of the person who prepared this report must be included at the bottom, as well as, the date it was completed.