

FAA Strategic Partnerships: Quarterly Report Narrative

Agency Name: _____

Program Name: _____

Program Description (Max. 3 sentences):

Number of **UNDUPLICATED** individuals or households served
WITHIN Palm Beach County in Quarter

Individuals
Households

Program Highlights for the quarter (**BULLET POINTS**):

- _____
- _____
- _____
- _____
- _____

If number to be served OR outcome percentage was not met, please give a brief explanation of why:



Required Signatures

By signing below, you agree to the following:

The information and narrative submitted has been deemed complete and accurate by the agency and can therefore be utilized to report on their programmatic highlights, achievements, or milestones.

Name of Individual Who Submitted Narrative (Print)	Date
Signature of Individual Who Submitted Narrative	Date
Name of Executive Director (Print)	Date
Signature of Executive Director	Date

Please submit via SAMIS at: <https://lxm.cc/5jhnw0>
