

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative:

1. **SUBAWARD NUMBER:**
Enter the Subaward # as it appears on the approved Grant Subaward Face Sheet.
2. **PROGRAM TITLE:**
Enter the program, title as it appears on the approved Grant Subaward Face Sheet
3. **PERFORMANCE PERIOD:**
Enter beginning and ending dates of the performance period for the Grant Subaward.
4. **SUBRECIPIENT:**
Enter the Subrecipient name as it appears on the approved Grant Subaward Face Sheet.
5. **GRANT AMOUNT:**
Enter the amount of grant funds requested. This must be the same amount used on the budget pages and block 12G on the Grant Award Face Sheet.
6. **IMPLEMENTING AGENCY:**
Enter the implementing agency as it appears on the approved Grant Subaward Face Sheet.
7. **PROGRAM DESCRIPTION:**
Provide a description of the specific area of service Cal OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:**
Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:**
Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
10. **ACTIVITIES:**
Describe activities you will perform to accomplish each objective (quantify where possible).
11. **EVALUATION:**
Describe how project performance will be measured, if applicable. Note who will conduct the evaluation, (e.g., project staff, government personnel, or outside consultants).
12. **NUMBER OF CLIENTS TO BE SERVED:**
Enter the number of clients, if applicable.
13. **PROJECT BUDGET:**
Amounts in each category must be the same as the Budget Pages amounts. The total must be the same as the total in box 12G on the Grant Award Face Sheet.

PROJECT SUMMARY

1. Subaward #: _____

2. PROJECT TITLE _____

3. PERFORMANCE PERIOD

_____ to _____

4. SUBRECIPIENT

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ Zip: _____

5. GRANT AMOUNT

(this is the same amount as 12G of the Grant Subaward Face Sheet)

_____ \$

6. IMPLEMENTING AGENCY

Name: _____ Phone: _____ Fax #: _____

Address: _____ City: _____ Zip: _____

7. PROGRAM DESCRIPTION

8. PROBLEM STATEMENT

9. OBJECTIVES

10. ACTIVITIES

11. EVALUATION (if applicable)

12. NUMBER OF CLIENTS
(if applicable)

13. PROJECT BUDGET
(these are the same amounts as on
Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
Totals:				