### QUARTERLY NARRATIVE REPORT

| **Project Name:** |  |
| **Contract ID:** |  |
| **Agency Name:** |  |
| **Person Completing Narrative:** |  |
| **Reporting Period:** |  |

**A.** Describe any significant accomplishments or milestones impacting this program this quarter.

**B.** Explain any deviations in program performance, unexpected challenges or concerns encountered this quarter.

**C.** Describe how the program has engaged participant voices and/or feedback in a way to better serve participants.

**D.** Provide an example of how the program has addressed racial disparities in outcomes to those who are disproportionately impacted by homelessness.
E. Did any of the following Category II Critical Incidents occur in the program this quarter?
   a. Assaults and battery regardless of whether medical intervention is required:
      - Yes
      - No
      If yes, describe how the program and staff addressed patterns or challenges to mitigate future incidents? Please note any support needs that KCRHA could provide to your program with addressing these challenges.

   b. Any incident where public safety-first responders (i.e., police, fire, EMS, DCRs, etc.) did not respond to a client, program, service or facility when requested and there was a negative impact on the program, staff, or clients (ex. police or DCRs did not arrive);
      - Yes
      - No
      If yes, describe how the program and staff addressed patterns or challenges to mitigate future incidents? Please note any support needs that KCRHA could provide to your program with addressing these challenges.

   c. Any program exit or termination of services of a client due to bias incidents (i.e. acts of prejudice that are not criminal in nature and do not involve violence, threats, or property damage) including those targeting LGBTQ community members, global majority, and/or gender-based violence (trans, two-spirit etc.).
      - Yes
      - No
      If yes, describe how the program and staff addressed patterns or challenges to mitigate future incidents? Please note any support needs that KCRHA could provide to your program with addressing these challenges.

F. For Outreach only, what is the number of (duplicated) outreach contacts made this quarter?