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Narrative Report & Success Story - GO-MKE

Section I. Contact/Contract Information	
Name of Organization (Check One)	☐DCWS ☐WCWI
Report Period Ending	
Date Report Submitted	
Submitting Staff's Name and Title	

Section II. Summary of Grant Progress and Performance Requirements (Complete the following table using only the prior months data for the current cohort)

Participant Data – Per ETO	**Actual**	**Goal**	**On Target**
Number of participants referred and enrolled		20 (100%)	☐ Yes ☐ No

If not on target, what actions will be taken to improve performance/prevent further underperformance?

Form Date: 07.28.26