

# California Violence Intervention and Prevention Grant – Cohort 4

## Quarterly Progress Report – Part 1: General Project Overview

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### SECTION 1: Grantee Information

1. Grantee:	Date Submitted:
2. Prepared by:	3. Your Role(s):
4. Phone:	5. Email:
6. Reporting Period (Original Release):	
6. Reporting Period (Re-Release):	

7. Would you like any technical assistance?

**7a. (if yes to 7)** Please describe the type and nature of the assistance you would like.

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### SECTION 2: General Project Overview

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#### 2.1 – Expenditure Status

Please report the status of your grant expenditures as of the end of the reporting quarter.

1. Amount invoiced to-date

2. Pass-through funds expended to-date

3. In relation to the overall grant budget, are CalVIP Grant funds being expended as planned and on schedule?

**3a. (if no to 3)** If not, please explain why. Describe any corrective actions needed.

## 2.2 – Project Inputs and Implementation

Please indicate the status of each of your project implementation activities below and provide a brief description of progress, accomplishments, and/or challenges your project has faced in the current reporting period. Please use the definitions below to respond to each category:

<b>Not Started</b>	<b>Planning</b>	<b>Implementation Started</b>	<b>Complete/ Established</b>	<b>N/A</b>
Have not yet been able to focus on project activity.	Have started preparations and plans to being implementing activity.	Your project has initiated implementing this component, but it may not yet be fully developed and/or need refinement.	Project activity is fully in place/completed and supporting project goals.	Does not apply to your project in particular.

<b>1. Partnerships:</b>	
<b>1a. (if not “N/A” to 1) Describe:</b>	
<b>2. Staffing and/or Volunteers:</b>	
<b>2a. (if not “N/A” to 2) Describe:</b>	
<b>3. Training:</b>	
<b>3a. (if not “N/A” to 3) Describe:</b>	
<b>4. Identification, Outreach, and Enrollment:</b>	
<b>4a. (if not “N/A” to 4) Describe:</b>	

<b>5. Evidence-Based Programming:</b>	
<b>5a. (if not "N/A" to 5) Describe:</b>	
<b>6. Data Collection/Evaluation:</b>	
<b>6a. (if not "N/A" to 6) Describe:</b>	
<b>7. Quality Assurance:</b>	
<b>7a. (if not "N/A" to 7) Describe:</b>	

### 2.3 – Goals & Objectives

For the following items, please refer back to the Goals and Objectives you listed in your workplan submitted with your grant application. Please provide updates for each Goal/Objective listed on your project's workplan related to the current reporting period.

#### Goal 1 and Objectives:

1. Please describe the progress you've made toward this goal and its objectives during this reporting period.	
2. Please describe any challenges you've encountered while working toward this goal and its objectives.	
3. If applicable, what steps were implemented to address the above challenges?	
4. Do you have additional goals and objectives reported in your project's workplan?	

**Goal 2 and Objectives will appear if “Yes” is selected for Item 4 above:**

**Goal 2 and Objectives:**

**1. Please describe the progress you’ve made toward this goal and its objectives during this reporting period.**

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**2. Please describe any challenges you’ve encountered while working toward this goal and its objectives.**

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**3. If applicable, what steps were implemented to address the above challenges?**

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**4. Do you have additional goals and objectives reported in your project’s workplan?**

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**Goal 3 and Objectives will appear if “Yes” is selected for Item 4 above:**

**Goal 3 and Objectives:**

**1. Please describe the progress you’ve made toward this goal and its objectives during this reporting period.**

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**2. Please describe any challenges you’ve encountered while working toward this goal and its objectives.**

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**3. If applicable, what steps were implemented to address the above challenges?**

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**4. Do you have additional goals and objectives reported in your project’s workplan?**

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**Goal 4 and Objectives will appear if “Yes” is selected for Item 4 above:**

**Goal 4 and Objectives:**

**1.** Please describe the progress you’ve made toward this goal and its objectives during this reporting period.

**2.** Please describe any challenges you’ve encountered while working toward this goal and its objectives.

**3.** If applicable, what steps were implemented to address the above challenges?

**4.** Do you have additional goals and objectives reported in your project’s workplan?

**Goal 5 and Objectives will appear if “Yes” is selected for Item 4 above:**

**Goal 5 and Objectives:**

**1.** Please describe the progress you’ve made toward this goal and its objectives during this reporting period.

**2.** Please describe any challenges you’ve encountered while working toward this goal and its objectives.

**3.** If applicable, what steps were implemented to address the above challenges?



## 2.4 – Description of Project Activities

### 1. Current Project Activities:

Please indicate which of the following project activities your project engaged in directly and/or provided referrals for during the current reporting period:

1a. Case Management:

1b. Community Engagement/Improvement:

1c. Focused Deterrence:

1d. Access to Basic Services:

1e. Mentoring Services:

1f. Gang Intervention Services:

1g. Outreach/Intervention (hospital, street-based, crisis, etc.):

1h. School/Student Services:

1i. Substance Use/Mental Health Services/Behavior Modification Services:

1j. Training/Skills Building:

1k. Other:

**(if a response other than Not Applicable to 1k)** Please describe what project activities fall under "Other":

2. Staff Health and Wellness – Does your project include a method of providing service(s) to improve/maintain the mental health and wellness of your staff?

**2a. (if yes to 2)** Describe the staff mental health/wellness service(s) provided during this reporting period.

**2b. (if yes to 2)** How many staff received mental health/wellness services during this reporting period?

**2c. (if yes to 2)** How many hours of mental health/wellness services did your project staff receive during this reporting period?