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| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** Community & Youth Outreach | | | |
| **PROJECT TITLE:** Continuum of Care Prevents Violence (CCPV) | | | |
| **AGREEMENT NUMBER:** 867-18 | | **AWARD TOTAL:** $500,000 | |
| **REPORTING PERIOD (check applicable period):** | | | |
| **#1. 9/1/18-12/31/18**  **Due: 2/15/19** | **#2. 1/1/19-3/31/19**  **Due: 5/15/19** | **#3. 4/1/19-6/30/19**  **Due: 8/15/19** | **#4. 7/1/19-9/30/19**  **Due: 11/15/19** |
| **#5. 10/1/19-12/31/19**  **Due: 2/14/20** | **#6. 1/1/20-3/31/20**  **Due: 5/15/20** | **#7. 4/1/20-6/30/20**  **Due: 8/14/20** | **#8. 7/1/20-8/31/20**  **Due: 10/15/20** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal on the Project Work Plan. Use this space to capture your progress in implementing the corresponding activities linked to each set of objectives. This is space for you to answer implementation questions such as: *Are the necessary staff in place? Are referrals coming at the expected rate? Have staff received training? Are classes being held? Are pre- and post-tests being administered consistently? Is the evaluator who will measure this outcome in place? Is the evaluator meeting regularly with partners? Are data collection agreements in place?* This is the not the place to report numerical data; that will be captured on Part 2 of the Progress Report. Provide clear and complete narrative responses, specific to this reporting period. |

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| **Goal (1)** | | Streamline services coordination to retain target population pre- and post-release. | |
| **Objectives:** | | 1. Develop a referral process that leverages partnerships across the community-based providers, youth-serving agencies and justice system partners. | |
| 1. Design an expedited screening process that allows staff to enroll eligible youth into services within 21 days of referral. | |
| 1. Utilize strengths-based and culturally appropriate practices for assessing high risk transitional age youth (TAY). Create data sharing practices that allow for assessment data to be shared across the CCPV Partnership to streamline referrals to services one a youth is enrolled and align necessary services once the youth is in the community. | |
| 1. | Describe progress toward objectives A-C: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (2)** | | Positive life outcomes for participants. | |
| **Objectives:** | | 1. High risk TAY identified, screened and enrolled in Rites of Passage (ROP) and Healthy, Wealthy and Wise (HHW). | |
| 1. High risk TAY enrolled in stable living services. | |
| 1. High risk TAY in regular contact with mentor and/or positive adult role model. | |
| 1. | Describe progress toward objectives A-C: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (3)** | | Violence Prevention Impact. | |
| **Objectives:** | | 1. High risk TAY successfully terminate and experience less violence. | |
| 1. High risk TAY successfully terminate and experience improved life outcomes. | |
| 1. | Describe progress toward objectives A-B: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all CalVIP grantees. Provide clear and complete responses, specific to this reporting period, to each question below. |

1. **In relation to the overall budget, are grant funds being expended as planned and on schedule?**

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **In relation to the overall grant budget, are match funds being expended as planned and on schedule?**

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **Are all grant-funded positions filled (includes the lead agency and any contracted agencies)?**

Yes  No

1. **If no, which grant-funded positions are unfilled, why, and what is the timeline to fill them?**

1. **How did your project ensure services are provided to the target population, as specified in the original proposal?**

1. **What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal?**

1. **If applicable, describe any grant-funded trainings for staff or partners that occurred during the reporting period. Include the date(s), number of attendees and list of participating agencies.**

1. **Describe at least one grant-funded accomplishment during this reporting period.**

1. **Describe any significant grant-funded activities occurring in the next reporting period (e.g. trainings, community events, etc.).**

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| **SECTION 4: OTHER/TECHNICAL ASSISTANCE** |
| This section allows grantees to include information not captured in other sections and to request technical assistance. |

1. **Would you like to request technical assistance? Please check one:**

Yes  No

1. **If yes, describe the nature of the request:**

1. **Provide any additional information (not already covered in other sections) that you think is important to share with BSCC, including media coverage, awards or recognition, special events, etc.**

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| **REPORT SUBMISSION** | |
| **PREPARED BY:** | **TITLE:** |
| **EMAIL:** | **TELEPHONE NUMBER:** |
| **DATE SUBMITTED:** | **DATE RECEIVED BY BSCC:** |
| **BSCC CONTACT INFORMATION** | |
| Please email **Parts 1 and 2** to [CalVIP-2@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov). For questions please contact Amanda Abucay at (916) 322-8546 or [amanda.abucay@bscc.ca.gov](mailto:amanda.abucay@bscc.ca.gov). | |