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| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** City of Gilroy | | | |
| **PROJECT TITLE:** PROJECT THRIVE: Transformation and Hope, Resiliency, Integrity, Voice & Engage | | | |
| **AGREEMENT NUMBER:** 831-18 | | **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)** | | Community Mobilization and Education | |
| **Objectives:** | | 1. Efforts will civically engage communities, support the development of neighborhood leadership, and build capacity for community advocacy and action to prioritize strategies to reduce violence. | |
| 1. Increase the capacity of the SCYTF to partner with two hot spot neighborhoods to mobilize and drive positive change, as evidenced by deployment of service provider trainings, mapping intersections of highest-need youth and families and identification of local assets. | |
| 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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| **Goal (2)** | | Targeted Outreach in Hot-Spot Neighborhoods (Education, After School, Street Intervention) | |
| **Objectives:** | | 1. Create a connected community and provide culturally responsive outreach with accessible spaces/places to play and recreate with a focus on engaging disconnected youth and families, | |
| 1. Create and incorporate an after-school crisis response protocol. | |
| 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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| **Goal (3)** | | Community/Police Relations | |
| **Objectives:** | | 1. Building community and building trust. Foster open communication and engagement between local governmental law enforcement and residents to bridge community and establish trust. | |
| 1. Establish ongoing meetings with neighborhood leadership groups. | |
| 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 occurring 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:** |  |
| **BSCC CONTACT INFORMATION** | |
| Please email **Parts 1 and 2** to [CalVIP-2@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov). For questions please contact Angela Ardisana at (916) 323-8580 or [angela.ardisana@bscc.ca.gov](mailto:angela.ardisana@bscc.ca.gov). | |