

Proposition 64 Grant | Quarterly Progress Report

Grantee Information

Grantee:	BSCC Grant Award Number:
Project Title:	Date:
Prepared by:	Phone:
Title:	Email:

Current Reporting Quarter

Select Current Reporting Quarter

Do you require any technical assistance?	Yes	No
If yes, please describe the type of technical assistance needed:		

SECTION 1: General Project Overview

Please provide an update on your efforts in administering your project during the reporting period.

1.1 Expenditure Status

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

a. Proposition 64 Grant Award Amount	\$
b. Amount Invoiced-to-Date (Sum of Quarterly Invoices)	\$
c. Percent of Award Invoiced to Date (Amount above ÷ Award Amount)	%
d. In relation to the overall grant budget, are Proposition 64 Grant funds being expended as planned and on schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please explain why, and describe any corrective actions needed.	

1.2 Project Inputs & Implementation

Please indicate the status of each of your project implementation activities below and provide a 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 or mark "N/A" for any activity that does not apply to your project.

Not Started Have not yet been able to focus on project activity.	Planning Have started preparations and plans to begin implementing activity.	Implementation Started Your project has initiated implementing this component but may not be fully developed and/or needs refinement.	Complete/Established Project activity is fully in place/completed and supporting project goals.	N/A Does not apply to your project in particular.
a. Partnerships. Formal relationships between agencies, schools, and/or community organizations to support project goals.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
b. Staffing, Mentors and/or Volunteers. Hiring/securing people for positions needed to complete programming.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
c. Training. Training provided to staff, law enforcement, community members, etc. to support project goals.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
d. Identification, Outreach, & Enrollment Process. Process for identifying, conducting outreach, and enrolling youth into project intervention(s).				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
e. Evidence-based Programming. Intervention based on strategies that are known to achieve positive youth outcomes, when applicable, programming should be trauma-informed and culturally relevant.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
f. Compliance and Enforcement Activities. Implementing and conducting/delivering compliance or enforcement activities.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				
g. Data Collection/Evaluation. Systematic and ongoing data collection to measure participation and evaluation measures.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A
Describe:				

h. Quality Assurance. Methods in place to ensure interventions are being delivered as intended, and with fidelity to the proposed model(s).

☐

Not started

☐

Planning

☐

Implementation Started

☐

Complete/ Established

☐

N/A

Describe:

1.3 Goals & Objectives

Enter the stated grant goals and objectives identified in your grant agreement (these will be the same across your grant period). Please provide updates for each goal/objective listed related to the report period.

GOAL 1:

Objective 1a.

Objective 1b.

Objective 1c.

1. Describe progress towards the stated goal and objectives during the reporting period.

2. Describe any challenges towards the stated goal and objectives during the reporting period.

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

GOAL 2:

Objective 2a.

Objective 2b.

Objective 2c.

1. Describe progress towards the stated goal and objectives during the reporting period.

2. Describe any challenges towards the stated goal and objectives during the reporting period.

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

Goals & Objectives (cont.)**GOAL 3:**

Objective 3a.

Objective 3b.

Objective 3c.

1. Describe progress towards the stated goal and objectives during the reporting period.

2. Describe any challenges towards the stated goal and objectives during the reporting period.

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

GOAL 4:

Objective 4a.

Objective 4b.

Objective 4c.

1. Describe progress towards the stated goal and objectives during the reporting period.

2. Describe any challenges towards the stated goal and objectives during the reporting period.

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

GOAL 5:

Objective 5a.

Objective 5b.

Objective 5c.

1. Describe progress towards the stated goal and objectives during the reporting period.

2. Describe any challenges towards the stated goal and objectives during the reporting period.

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

1.4 Impact of COVID-19 Pandemic

Please describe any effects COVID-19 and related public health directives (including social distancing, school closures, working from home, cancellation of social events, etc.) will have/have had on your ability to deliver your Proposition 64 project.

What challenges will your project face and what steps will you implement to address those challenges?

Describe:

DRAFT

1.5 Description of Project

In this section we ask you to classify your project's purpose area(s), describe risk/needs assessments used, identify project activities, tell us how you define when a participant has successfully completed your project and how you define when an enforcement and compliance activity and/or service has been successfully completed. Many projects will report this information once, though they will have the opportunity to update this information as necessary throughout the grant period.

a. Project Purpose Area (Select all that apply) This is used to identify which Project Purpose Area(s) the project is focusing on.	<input type="checkbox"/> Project Purpose Area 1- Youth Development/Youth Prevention and Intervention <input type="checkbox"/> Project Purpose Area 2- Public Health <input type="checkbox"/> Project Purpose Area 3- Public Safety <input type="checkbox"/> Project Purpose Area 4- Environmental Impacts
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1.5A. Youth Cannabis Use: Prevention and Intervention

1. Risk /Needs Assessments Used Describe assessment(s) used for identifying a youth's level of risk and/or their needs.	Do you formally assess the youth entering your project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the assessment tool(s) used. If no, describe how youth needs are determined and/or your placement process:	
2. Youth Development Activities & Case Management Please select the activities that are elements of your project (check all that apply).	<input type="checkbox"/> Substance use awareness education <input type="checkbox"/> Academic support/tutoring <input type="checkbox"/> Assessment of risk/needs <input type="checkbox"/> Career counseling/job shadowing <input type="checkbox"/> Leadership/mentor training <input type="checkbox"/> Individual/group counseling <input type="checkbox"/> Individual/group mentoring <input type="checkbox"/> Individual/family support services <input type="checkbox"/> Life skills training <input type="checkbox"/> Pro-Social activities/ recreational events	<input type="checkbox"/> Skill building activities <input type="checkbox"/> Workshops <input type="checkbox"/> Referral/linkages to community-based support services <input type="checkbox"/> Referral/linkages to substance use services <input type="checkbox"/> Referral/linkages to mental health services <input type="checkbox"/> Referral/linkages to any other services <input type="checkbox"/> Behavior change plans <input type="checkbox"/> Other (describe):
3. How do you define "success" for youth in terms of these project activities? Describe the measurable milestone of success your project uses to determine when a youth has successfully completed services (e.g. counseling, substance use services, pro-social activities, mentoring, etc.). Note that you will use this definition for identifying those youth who are "successfully exiting" your project when you complete Section 4. This definition could be an amount of time in pro-social activities, a dosage of services received, improvement in an outcome measure, or other definition specific to your project. Describe below:		

1.5B Cannabis Compliance and Enforcement

1. Compliance & Enforcement Activities

Please select the activities that are elements of your project (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Law Enforcement investigations
<input type="checkbox"/> Aerial/satellite surveillance of land
<input type="checkbox"/> Identification of illegal cultivation areas
<input type="checkbox"/> Cultivation eradication
<input type="checkbox"/> Compliance monitoring of permitted operations
<input type="checkbox"/> Cannabis retailer education/outreach/training
<input type="checkbox"/> Testing illegal cannabis products | <input type="checkbox"/> Environmental assessments
<input type="checkbox"/> Land remediation
<input type="checkbox"/> Water remediation
<input type="checkbox"/> Other (describe): |
|---|---|

2. How do you define “success” for the activities completed?

Describe the measurable milestone of success your project uses to determine when a cannabis compliance and enforcement activity has been successfully completed (e.g. compliance monitoring/code enforcement, investigations, environmental impact assessments, etc.). Note that you will use this definition for identifying those activities which are “successfully completed” when you complete Section 5. This definition could be an amount of activities completed, a dosage of activities delivered (e.g. retailer education, retailer training, etc.), improvement in an outcome measure, or other definition specific to your project. Describe below:

SECTION 2: Public Health Awareness and Education in Schools and Community

- a. Report project activities *during the current reporting period* to increase public health awareness and education among school children, young adults, school district staff, teachers, parents, and members of the community, if applicable.

	Total for this Quarter:
a) Total # of school educational event(s)	
1. # of students who attended the above event(s)	
2. # of teachers who attended the above event(s)	
3. # of other school district staff who attended the above event(s)	
b) Total # community educational event(s)	
1. # of youth potentially reached during the above event(s)	
2. # of adults potentially reached during the above event(s)	
3. # of community surveys responses received	
c) Total # of social media campaign educational activities	
1. # of youth potentially reached during the above campaign	
2. # of adults potentially reached during the above campaign	

3. # of social media materials (handouts/pamphlets, commercials, websites, etc.) created	
4. # of social media "hits" captured	

b. How do you define "success" for public health awareness, education in schools and communities, in terms of these project activities?

Describe the measurable milestone of success your project uses to determine when public health awareness, education in schools and communities have been successfully completed (e.g. social media campaigns, community events, school education events, community surveys, etc.). Describe below:

SECTION 3: Youth Enrollment Quarterly Totals

Report the total number of youth entering and participating in your project during the reporting period.

3.1 Youth Referrals Enrollments

Record the number of youth entering the project *during the current reporting period*. Each line should represent an unduplicated count of individuals. Line 1 should include all individual youth referred to the project. This should only count each individual one time, even if they were referred multiple times this quarter or during a previous quarter. Line b. should show the number of youth enrolling in the project for the FIRST TIME. Any reenrollments will be counted on lines c. and d. as needed.

	Total Youth this Quarter
a. Total Youth Referred to Project	
b. Total Youth Enrolling for the FIRST TIME	
c. Total Youth Enrolling for the SECOND TIME	
d. Total Youth Enrolling for the THIRD TIME OR MORE	

3.2 Youth Enrollments

In this section, report data for youth entering your project for the First Time, Second Time, and Third or More Times. If a youth has exited the project for any reason and returned, they are considered a “re-entry”. All data for youth re-entering the project will be recorded in the SECOND TIME Enrollments column or the THIRD OR MORE Enrollments Column below, as appropriate.

a. Point of Entry

Report information for individuals enrolling in the program *during the current reporting period*. For each enrollment cohort (first time, second time, and third or more), these totals should represent an unduplicated count for each line, though youth may be counted multiple times in different rows.

Entry into Services this Quarter	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
1. Source of Referrals (into your services):			
i. Probation			
ii. Court			
iii. Community Organization			
iv. School/Truancy			
v. Police/Law Enforcement			
vi. Service Referral			
vii. Self or Family Referral			
viii. Outreach			
ix. Other			
2. Point of Youth Diversion:			
i. No contact with law enforcement			
ii. Informal contact with law enforcement			
iii. Pre-adjudication			
iv. Post-adjudication			
v. Unknown			
Point of Youth Diversion TOTAL			
3. Youth Participation Status:			
i. Mandated			
ii. Voluntary			
iii. Unknown			
Youth Participation Status TOTAL			

b. Demographics of Participants at Enrollment

Record the demographics of youth entering the project *during the current reporting period*. The total number of FIRST TIME, SECOND TIME, and THIRD OR MORE Enrollments in each of the demographic tables below should equal the totals provided in the box in section 3.1 (lines b, c, and d) above.

1. Age Groups	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. 12 years or younger			
b. 13-17 years			
c. 18-20 years			
d. Unknown			
TOTAL			

2. Gender Identity	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. Female			
b. Male			
c. Non-binary/3rd Gender			
d. Prefer to Self-Define			
e. Prefer Not to State			
f. Other			
g. Unknown			
TOTAL			

3. Race/Ethnicity	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. American Indian/Alaska Native			
b. Asian (Total)			
Chinese			
Japanese			
Filipino			
Korean			
Vietnamese			
Asian Indian			
Laotian			
Cambodian			
Other			
c. Black or African American			
d. Hispanic, Latino, or Spanish			
e. Middle Eastern/North African			
f. Native Hawaiian/Pacific Islander (Total)			
Native Hawaiian			
Guamanian			
Samoan			
Other			
g. White			
h. Other identified ethnic origin, ethnicity, or race			
i. Decline to state			
j. Multi-ethnic origin, ethnicity, or race that includes American Indian/Alaska Native			
k. Multi-ethnic origin, ethnicity, or race that does not include American Indian/Alaska Native			
l. Unknown			
TOTAL			

4. Education Status	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. Enrolled in school (Total)			
Elementary school			
Middle school/Junior high			
High School			
Other school/training			
b. Not enrolled in school (Total)			
High school diploma or GED			
Did not graduate			
Other (describe)			
c. Unknown/Did not collect			
TOTAL			

5. Employment	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. Student – not looking for employment			
b. Employed – not looking for employment			
c. Employed – looking for addition/other employment			
d. Not employed – looking for employment			
e. Other (not employed or a student, but not looking for employment due to disability, treatment, etc.)			
f. Unknown/Did not collect			
TOTAL			

6. Risk Status	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. Low			
b. Moderate			
c. High			
d. Unknown/Did not collect			
TOTAL			

c. Youth Participating in Development Activities and Case Management

Record the total number of youth enrolled in your project who are participating in each activity *during the current reporting period*. The same youth may be reported across multiple activities and quarters.

	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
1. Ongoing assessment of risk/needs			
2. Behavior change plans			
3. Referral/linkage to community-based support services			
4. Referral/linkage to substance use services			
5. Referral/linkage to mental health services			
6. Referral/linkage to any other services			
7. Substance use awareness education			
8. Academic support/tutoring			
9. Career counseling/job shadowing			
10. Leadership/mentor training			
11. Individual/group counseling			
12. Individual/group mentoring			
13. Individual/family support services			
14. Life skills training			
15. Pro-Social activities/ Recreational events			
16. Skill building activities			
17. Workshops			
18. Other (describe):			

SECTION 4: Youth Exited Quarterly Totals**4.1 Youth Exited During Quarter**

Report the total number of youth who participated in development activities and case management who exited your project *during the current reporting period*.

a. Total Youth Exited During Quarter

Record the number of youth exiting *during the current reporting period* based on the number of times they entered your project.

1. From First Entry	
2. From Second Entry	
3. From Third or More Entries	

b. Reasons for Youth Exit

Record the number of youth who exited your project *during the current reporting period*. The values in each column should be a non-duplicated count, so the TOTAL lines should match the values on Lines a, b, and c (respectively) in the box in Section 3.1 above.

Reasons for youth exit	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
1. Successful Completion			
2. Dropped Out/Lost Contact			
3. Non-Compliant (asked to leave)			
4. Arrest/Incarceration			
5. Services not appropriate for youth			
6. Other			
7. Did not collect			
TOTAL			

c. Successful Exits

Record the demographics of youth who are exiting the project as a **successful completion** *during the current reporting period* based on their enrollment category (FIRST TIME, SECOND TIME, or THIRD OR MORE). The TOTAL number of youth successfully exiting this quarter for each enrollment category in the demographic tables below should equal the corresponding cell in first row of section 3.1.b above, labelled "Successful Completion".

1. Age Groups (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. 12 years or younger			
b. 13-17 years			
c. 18-20 years			
d. Unknown			
TOTAL			

2. Gender Identity (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. Female			
b. Male			
c. Non-binary/3rd Gender			
d. Prefer to Self-Define			
e. Prefer Not to State			
f. Other			
g. Unknown			
TOTAL			

3. Race/Ethnicity (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. American Indian/Alaska Native			
b. Asian (Total)			
Chinese			
Japanese			
Filipino			
Korean			
Vietnamese			
Asian Indian			
Laotian			
Cambodian			
Other			
c. Black or African American			
d. Hispanic, Latino, or Spanish			
e. Middle Eastern/North African			
f. Native Hawaiian/Pacific Islander (Total)			
Native Hawaiian			
Guamanian			
Samoan			
Other			
g. White			
h. Other identified ethnic origin, ethnicity, or race			
i. Decline to state			
j. Multi-ethnic origin, ethnicity or race that includes American Indian/Alaska Native			
k. Multi-ethnic origin, ethnicity or race that does not include American Indian/Alaska Native			
l. Unknown			
TOTAL			

4. Education Status (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. Enrolled in school (Total)			
Elementary school			
Middle school/Junior high			
High School			
Other school/training			
b. Not enrolled in school (Total)			
High school diploma or GED			
Did not graduate			
Other (describe)			
c. Unknown/Did not Collect			
TOTAL			

5. Employment (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. Student – not looking for employment			
b. Employed – not looking for employment			
c. Employed – looking for additional/ other employment			
d. Not employed – looking for employment			
e. Other (not employed or a student, but not looking for employment due to disability, treatment, etc.)			
f. Unknown/Did not collect			
TOTAL			

6. Risk Status (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. Low			
b. Moderate			
c. High			
d. Unknown/Did not collect			
TOTAL			

d. Youth Outcomes

Of the total number of youths who **successfully exited** during this reporting period (line labelled “Successful Completion” in section 3.2.1 above), enter the total number of youth who demonstrated the positive outcomes listed below as applicable for your project plan/goal(s) for those youth. Note that individual youth should only be reported once per cell (with the exception of youth who enrolled in the project more than three times), during the entire grant. This allows for tracking the total number of youth with positive outcomes. Youth may be reported in multiple outcomes (e.g., a youth may have improved academic performance, school attendance, cultural identity and no contact with the justice system) and in multiple enrollment categories (FIRST TIME, SECOND TIME, or THIRD TIME OR MORE). The value in each cell should not exceed the value entered for the corresponding enrollment category of line 1 in box 4.1.b above.

Outcomes	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
1. # of youth with reduced assessed risk status			
2. # of youth with reduced quantity or frequency of substance use			
3. # of youth with increased perception of harm of cannabis use			
4. # of youth with increased protective factors/resiliency skills			
5. # of youth with increased pro-social behaviors			
6. # of parents/caregivers with increased knowledge of negative impact of youth cannabis use			

7. # of youth with improved family or caretaker support/relationships			
8. # of youth who improved school attendance			
9. # of participants who improved academic performance			
10. # of youth with decreased incidents of anti-social behavior			
11. # of youth with improved mental health status			
12. # of youth without contact with the justice system			
13. # of youth with improved school behavior (e.g. fewer disciplinary incidents)			
14. # of youth diverted from drug-related disciplinary incidents			
15. # of youth with improved employment status			
16. # of youth no longer working at cultivation sites			
17. # of youth no longer on probation			
18. Other:			

SECTION 5: Cannabis Compliance and Enforcement Activity Completion Quarterly Totals

5.1A Activities Initiated

Record the number of activities initiated for the project *during the current reporting period*. Each line should represent an unduplicated count of an activity.

	Total for this Quarter:
a) Cannabis Operations: Education and Information	
1. # of retailers who were contacted	
b) Compliance /Code Enforcement Activities	
1. # inspections completed	
2. # of code enforcement actions/violations found	
3. # of permits applied for	
c) Enforcement Activities	
1. # of aerial/satellite surveillance inspections initiated	
2. # of illegal cultivation areas identified	
3. # of unlicensed cannabis growth investigations initiated	
4. # of unpermitted plants identified	
5. # of environmental inspections initiated	
6. # of environmental tests done	

7. # of environmental crimes found	
8. # of reclamation plans developed	
9. # of other law enforcement investigations initiated (trafficking organizations, illegal products)	
10. # of complaints responded to	

5.1B Activity Outcomes

Activity Outcomes

The values reported in each cell below are the outcomes of the activities reported in 5.1A. Of the total number of activities that were successfully completed *during this reporting period* (line labelled “Successful Completion” in section 1.5B.2 above), enter the total number of activities that demonstrated the positive outcomes listed below as applicable for your project plan/goal(s). This allows for tracking the total number of activities with positive outcomes.

Outcomes	Total for this Quarter:
a) Cannabis Operations: Education and Information	
1. # of retailers who were trained	
2. # of retailers with increased knowledge of cannabis code and regulation	
3. # of retailers with increased awareness of youth cannabis used and illicit cannabis	
b) Compliance Activities/Code Enforcement	
1. # of code enforcement actions/violations resolved	
2. # of permits issued	
3. \$ amount of penalties collected	
4. \$ amount of cannabis taxes collected	
c) Enforcement Activities	
1. # of unpermitted plants eradicated	
2. # of environmental inspections completed	
3. # of reclamation plans completed	
4. # of eliminated sedimental impacts	
5. # of unlicensed cannabis growth investigations completed	
6. # of illegal products seized	
7. # of products tested	
8. # of complaints resolved	
9. # of other law enforcement investigations completed (trafficking organizations, illegal products)	
10. Other:	