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| **SECTION 1: PROJECT INFROMATION** |
| **GRANTEE NAME:** The Reverence Project |
| **PROJECT TITLE:** Ambassador’s Peace Initiative |
| **AGREEMENT NUMBER:** 871-18 | **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)**  | Counter gang involvement by expanding partnerships with highly communicative agencies and current/former gang members in order to enhance community safety.  |
| **Objectives:** | 1. Outreach, engage and/or train 100 community members regarding public safety priorities, victim/survivor of crime services and violence prevention strategies.
 |
| 1. Increase community knowledge of crime reduction strategies/solutions.
 |
| 1. Increase community access to violence intervention/prevention services.
 |
| 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)**  | Provide intensive trauma-informed care, healing and recover services to men, women, boys and girls who have self-identified as victims/survivors of crime. |
| **Objectives:** | 1. Reduce secondary and poly-victimization of survivors by the criminal justice and healthcare systems.
 |
| 1. Uplift the voices of victims/survivors of crime as leaders in the realm of violence prevention and civic engagement.
 |
| 1. Increase compassionate delivery of services/resources to self-identified survivors of crime.
 |
| 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)**  | Extend intensive trauma-informed care to serve the LGBTQQI male and female gang population. |
| **Objectives:** | 1. Provide enhanced culturally sensitive and culturally competent trauma-informed services for underserved and unserved marginalized populations.
 |
| 1. Catalyze specific demographic cultural shifts through community-focused and individual-based violence prevention efforts.
 |
| 1. Prioritize the voices/roles of the most marginalized through innovative community education.
 |
| 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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| **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. For questions please contact Amanda Abucay at (916) 322-8546 or amanda.abucay@bscc.ca.gov.  |