|  |
| --- |
| **2016-17 Reporting Quarters** |
| [ ]  Quarter 1October–December 2016  | [ ]  Quarter 2January–March 2017 | [ ]  Quarter 3April-June 2017 | [ ]  Quarter 4July–September 2017 |

|  |  |
| --- | --- |
| **Grantee:**       | **Date:**       |
| **Prepared by:**       | **Phone:** (     )       -       |
| **Title:**       | **Email:**       |

|  |
| --- |
| **Project Youth Demographics** |
|  | **Group(s) Project Specifically Targets** | **Group(s) Served This Quarter** | **# of Project** **Youth Served This Quarter** |
| **American Indian/Alaskan Native****Asian****Black/African American****Hispanic or Latino****Native Hawaiian & Other Pacific Islander****Other****White/Caucasian** | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |  |
| **Male****Female** | **[ ]** **[ ]**  | **[ ]** **[ ]**  |  |
| **0-10****11-13****14-15****16-18****Over 18** | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |  |
| **At-Risk Population (no prior offense)****First Time Offenders****Repeat Offenders****Sex Offenders****Status Offenders****Violent Offenders** | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |  |
| **Rural****Suburban****Tribal****Urban** | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |  |
| **Mental Health****Substance Abuse****Truant/Dropout** | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |  |

*Please provide an update on your efforts with respect to administering the project*

*as outlined in the original grant Request for Proposals by addressing the following questions.*

1. Year 1 Grant Award Amount - $

Amount Invoiced Year-to-Date (Sum of Quarterly Invoices) $

Percent of Award Invoiced-to-Date (Amount above ÷ Annual Award)       %

1. In relation to the overall project budget, are grant funds being expended as planned and on schedule? [ ]  Yes [ ]  No

If not, explain why and describe what expenditure plan(s) exist for the duration of the grant period.

1. Are all authorized positions filled and performing grant-related duties? [ ]  Yes [ ]  No

If not; explain why and what hiring plan(s) exist to fill those positions.

1. Describe the activities/actions taken this reporting period on the implementation of the direct service project, building project infrastructure and/or sustainability planning.

C. Discuss any collaborative efforts undertaken this reporting period with stakeholders (e.g., probation, local law enforcement, community-at-large).

1. Provide information regarding activities for evaluation planning and data infrastructure that will assist progress toward the project’s goals and objectives in Year 1.

1. Describe any challenges/issues the project has encountered during the reporting period. Consider what may be affecting project effectiveness or may have the potential of affecting program outcomes and stated goals. Examples of areas where problems may exist are program administration, service delivery, rate of referrals, and participant enrollment or participation, among others.

Describe the plan(s) to resolve the identified challenges and/or issues.

1. What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment for the period, reaching other stated project goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)?

1. Provide a list of any training or curricula that was provided to project staff, participants and their families, and/or stakeholders this quarter.

1. What special activities/events for program participants did the project have this quarter? Does the project have any special activities or events planned in the near future?

I. Other Comments, Observations, and/or Project Notables that you would like the BSCC to know about. If available also attach any news or public relations articles highlighting your program.

1. Case Study/Anecdotal Information: Case studies are often the most compelling evidence of the value of a program. With this in mind, please provide a brief description of a youth enrolled in your project (e.g., age, gender, race, criminal history), challenges with engaging and/or serving the youth, and how the project is positively impacting him/her.

*Do not identify the individual by name.*

1. If you would like technical assistance, please identify the nature of the request and a contact name, email address, and phone number for BSCC staff response.

|  |
| --- |
| Quarterly Progress Reports- Parts A, B, & C are due 45 days from the end of the reporting period.Please email completed forms to: Aleksandra Djurasovic | aleksandra.djurasovic@bscc.ca.govFor questions, please email or call Aleksandra Djurasovic | aleksandra.djurasovic@bscc.ca.gov | 916-322-8088 or Eloisa Tuitama | eloisa.tuitama@bscc.ca.gov | 916-341-7328 |

FOR BSCC USE ONLY

|  |  |  |
| --- | --- | --- |
| Date Reviewed:       | Date entered. into DC-TAT:       | Reviewed by:       |
| Comments:       |