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| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** Another Choice Another Chance | | | |
| **PROJECT TITLE:** Triumph Over Trauma | | | |
| **AGREEMENT NUMBER:** 846-17 | | **AWARD TOTAL:** $121,218 | |
| **REPORTING PERIOD (check applicable period):** | | | |
| **5/1/18- 9/30/18**  **Due: 11/15/18** | **10/1/18- 12/31/18**  **Due: 2/15/19** | **1/1/19- 3/31/19**  **Due: 5/15/19** | **4/1/19- 6/30/19**  **Due: 8/15/19** |
| **7/1/19- 9/30/19**  **Due: 11/15/19** | **10/1/19- 12/31/19**  **Due: 2/15/20** | **1/1/20- 4/30/20**  **Due: 6/15/20** |  |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal. It is intended to capture your progress toward implementation of each objective, answering questions like: *Are the necessary staff in place? Are referrals coming at the rate you thought they would? Have services been implemented? Are classes being held? Have staff received training? 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)** | | To increase access to evidence-based treatment in order to address the unique bio-psychosocial needs of African American youth who have been traumatized due to sexual exploitation, abuse and community violence | |
| **Objectives:** | | 1. Implement culturally-sensitive trauma-focused treatment tailored to the unique needs to African American youth and provide services at satellite offices, juvenile detention facilities and on home visits. | |
| 1. | Describe progress toward objective A: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objective: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (2)** | | Increase the number of youth trauma victims engaged in treatment. | |
| **Objectives:** | | 1. Provide 3-6 months of treatment utilizing TF-CBT to 75 youth including addiction counseling and aftercare. | |
| 1. Provide parenting, counseling and education to 25 families. | |
| 1. Design and distribute marketing materials designed for youth and families of color. | |
| 1. 75 percent of enrolled clients referred to community-based support services such as employment, housing will be successfully linked to those services. | |
| 1. | Describe progress toward objectives A-D: | | (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)** | | To increase awareness of trauma as a result of sexual exploitation, abuse and community violence. | |
| **Objectives:** | | 1. Train 100 therapists, counselors, family members, service providers and youth of color in Think Trauma curricula, who will then share information with peers. | |
| 1. Provide community awareness, outreach and education to the general population. | |
| 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)?**

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:** | **DATE RECEIVED:** |
| **BSCC CONTACT INFORMATION** | |
| Please email **Parts 1 and 2** to [CalVIP@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov). For questions please contact Angela Ardisana at (916) 323-8580 or <angela.ardisana@bscc.ca.gov>. | |