|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** Los Angeles Brotherhood Crusade | | | |
| **PROJECT TITLE:** Proud to be Me Trauma-Responsive Youth/Gang Violence Prevention Program | | | |
| **AGREEMENT NUMBER:** 847-17 | | **AWARD TOTAL:** $500,000 | |
| **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** |  |

|  |
| --- |
| **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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal (1)** | | Reduce recidivism and youth/gang violence among high-risk youth in L.A. County Service Planning Area (SPA) 6 by reframing their attitudes, behaviors and beliefs, thereby deterring their desire to join gangs or engage in violence. | |
| **Objectives:** | | 1. Enroll 200 SPA 6 high-risk youth into Proud to be Me and engage them in 894 hours of programming. 2. Integrate Proud to be Me into regular school day pedagogy and out-of-school time (OST) programming as appropriate. 3. Present evaluative findings to Probation and LAUSD as proof of concept in order to influence policy and systems change that replicates Proud to be Me and similarly effective models for all high-risk youth across their systems. | |
| 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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal (2)** | | Increase the number and percentage of SPA 6 high-risk youth earning a diploma or equivalency certificate also making them well-prepared for college/career by replicating Proud to be Me across LAUSDA and Probation. | |
| **Objectives:** | | 1. Enroll 200 SPA 6 high-risk youth into Proud to be Me and engage them in 894 hours of programming. 2. Integrate Proud to be Me into the regular school day pedagogy and out-of-school time (OST) programming, as appropriate. 3. Present evaluative findings to Probation and LAUSD as proof of concept in order to influence policy and systems change that replicates Proud to be Me and similarly effective models for all high-risk youth across their systems. | |
| 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) |

|  |
| --- |
| **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.).**

|  |
| --- |
| **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.:**

|  |  |
| --- | --- |
| **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>. | |