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| **SECTION 1: PROJECT INFROMATION** |
| **GRANTEE NAME:** South Bay Workforce Investment Board  |
| **PROJECT TITLE:** Inglewood Community and Regional Engagement Violence Intervention and Prevention (I-CARE VIP) Project |
| **AGREEMENT NUMBER:** 863-17 | **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** | [x]  **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** | **REVISED** |

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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 reduce the risk factors that contribute to violent crime through a regional approach that coordinates IPD and IUSD efforts with SBIWB/CYS to divert youth from entering the juvenile justice system or being suspended/expelled from school.  |
| **Objectives:** | 1. 85 percent of Diversion Group do not recidivate as measured by no new arrests after 12 months post service delivery.
2. By end of project, schools report improved behavior, attendance or school engagement from 70 percent of youth in the Prevention Group.
3. High risk youth in the Diversion Group will show an average decrease of at least 35 percent in YLS/CMI risk indicator scores upon completion of the program.
 |
| 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)**  | To prevent and reduce escalation in violent or destructive behaviors of high-risk youth through providing job preparation skills and work employment opportunities, coupled with trauma-informed supports.  |
| **Objectives:** | 1. 70 percent of youth referred to Seeking Safety treatment complete the 12 one-hour weekly sessions.
2. 70 percent of youth to complete the Blueprint for Workplace Success Training.
3. 70 percent of youth to complete the 100 hours of paid work experience.
4. Of the youth who identified unsubsidized employment as a goal, 60 percent of those youth obtain and maintain an unsubsidized job throughout the 12 month follow up period.
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| 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 improve the workplace skills and labor marketability of the youth  |
| **Objectives:** | 1. 80 percent of all youth by the completion of their paid work experience will demonstrate workplace skills growth as confirmed through employer surveys.
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| 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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| **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 were 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. For questions please contact Angela Ardisana at (916) 323-8580 or angela.ardisana@bscc.ca.gov. |