Children’s Trust Fund

**Discretionary Child Abuse & Neglect Prevention Grant Program**

**Annual Program Report – FY 2015**

**July 1, 2014 – June 30, 2015**

**Instructions:** Please use the following information to complete the required Annual Report for the child abuse neglect prevention grants being funded by Children’s Trust Fund. Discussion should focus on progress, outcomes, and activities between July 1, 2014 and June 30, 2015. There is no limit with regard to length of the report, **however all questions should be answered completely and thoroughly.** Reports are due in the CTF office on or before **July 31, 2015**. Completed reports may be e-mailed to [laura.malzner@oa.mo.gov](mailto:laura.malzner@oa.mo.gov) only if they contain the required signature and date on the cover sheet. **Please do not fax.**

**Name of Grantee\_ \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State** \_\_\_\_\_\_\_\_**Zip**\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fax** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Web Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact and Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CTF Region \_\_\_\_\_\_\_\_\_

**Target Service Area** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Total # of Persons (Unduplicated) served by this project in FY 13 Project Type: Primary \_\_\_ Secondary \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_Children (17 & Under)

\_\_\_\_\_\_\_\_\_\_\_\_Parents/Expectant Parents **Cost of Project per individual** $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cost of Project per family** $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Completing Report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project summary/description:**

1) Describe the overall strengths of the prevention project and how it specifically addressed or impacted the issue of child abuse/neglect prevention in the targeted service area. Describe any collaboration and coordination efforts occurring in your community as a result of this project.

2) A. List all unduplicated project **outputs** accomplished during the year. Outputs may also include service activities provided, number of presentations, home visits, cribs or massage kits distributed, adult mentors trained, prevention materials distributed, etc. (Please use the table below & include additional narrative as needed).

|  |  |  |
| --- | --- | --- |
| Type of Service | # Provided/Served | Comments |
| Home Visits conducted |  |  |
| Baby Cribs distributed |  |  |
| Infant Massage Kits distributed |  |  |
| Mentors recruited |  |  |
| Mentoring hours provided |  |  |
| Number of Mentees served |  |  |
| Parent Groups/trainings (including parent education classes) offered |  |  |
| Community Meetings/Presentations |  |  |
| Schools served |  |  |
| Trainings for professionals offered |  |  |
| Other (Please list) |  |  |

|  |  |
| --- | --- |
| **Target Population Served in FY 2015 (List number served to all that apply to this project)** | |
| Ethnicity | Geographic Area Served |
| African-American  Asian/Pacific Islander  Caucasian  Eastern European  Hispanic/Latino \_\_\_\_\_\_\_  Native American  Other | Rural  Suburban  Urban core |
| Gender |
| Males only  Females only  Both sexes |
| Age Group | Information on Parents |
| Perinatal (ages Pregnancy - 1 month) \_\_\_\_\_\_  Infants/Preschool (ages 1 month - 5 yr) \_\_\_\_\_\_  Children/Elementary School (ages 5 - 9) \_\_\_\_\_\_  Pre-Adolescent/Middle School (ages 10–14) \_\_\_\_\_\_  Adolescents/High School (ages 15-19 yrs) \_\_\_\_\_\_  Young Adults (ages 20 -34 yrs) \_\_\_\_\_\_  Adults (ages 35+) \_\_\_\_\_\_ | # of Pregnant or Parenting Teens \_\_\_\_\_\_\_\_\_\_\_\_  # of Parent with Disabilities \_\_\_\_\_\_\_\_\_\_\_\_  # of Parents who have children w/ Disabilities \_\_\_\_\_\_\_ |

B. If a direct services project, please include specific information regarding the population served by the project i.e.: number of pregnant or parenting teens, number of parents with disabilities or who have children with disabilities, socio-economic data, age, gender, race, geographic location etc.

3) List each project **goal, objective and outcome** as stated by the original application. Discuss the progress or impact of each. Describe what was measured and achieved. Include in the discussion whether the project accomplished what it set out to do. If not, then which outcomes were not obtained? What prevented the grantee from obtaining specific desired outcomes?

4) Share any anecdotal information that demonstrates the value of this prevention project.

5) Describe how the agency/organization recognized and promoted the Children’s Trust Fund as it relates to this prevention project. Please attach any supportive documentation such as press releases, pamphlets, newsletters, and brochures. How was the Children’s Trust Fund plate marketed/promoted?

6) Discuss the project’s expenditures for the year and the conformance of the expenditures with the CTF project budget. If there was an expenditure variance from the budget (anything other than what CTF has approved), please explain the cause of the variance and discuss how the variance was addressed. If a portion of CTF funds remained unused, discuss the reason(s) for this.

1. Describe how the project promoted any of the following protective factors: Refer to the “Strengthening Families Framework” (Appendix 1) for additional information on the five protective factors or visit <http://www.cssp.org/reform/strengthening-families>. Expand table as necessary to address each protective factor.

|  |  |
| --- | --- |
| **Protective Factor (PF)** | **Description of how proposed project incorporated/addressed PF** |
| (1) Parental Resilience |  |
| (2) Social Connections |  |
| (3) Knowledge of Parenting and Child Development |  |
| (4) Concrete Support in Times of Need |  |
| (5) Social and Emotional Competence of Children |  |