Children’s Trust Fund

**Child Abuse Neglect Prevention Grants**

**License Plate Program**

**Annual Program Report – FY 2015**

**July 1, 2014 – June 30, 2015**

**Instructions:** Please use the following information to complete the required Annual Year End Report for the child abuse neglect license plate prevention grant being funded by Children’s Trust Fund. Discussion should focus on expenditures, 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**. Electronic copies may be e-mailed to Kirk.schreiber@oa.mo.gov only if they contain the required signature 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/activities in FY 15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Project Type: Primary (general population) \_\_\_\_\_\_\_\_\_\_ Secondary (high risk population)\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_Parents/Expectant Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (Please Specify)

**(Indicate # served, unduplicated, for each of the categories above)**

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

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

**Project summary/description:**

 1) Describe how the agency, organization, or collaborative promoted and marketed the Children’s Trust Fund license plate within the specified geographic area. Please attach any supportive documentation such as press releases, print ads, pamphlets, newsletters, and brochures that illustrate marketing efforts during the year.

2) Describe/list all prevention activities or projects and the associated cost in which CTF license plate funds were used. If an organization did not invoice CTF during the fiscal year, please indicate the reason/explanation as to why no license plate funds were utilized.

3) Describe the overall strengths of the prevention project or activities and how it specifically addressed or impacted the issue of child abuse/neglect prevention in the targeted service area. For example, to what extent did the project/activity impact children, parents, families, professionals, or others in your community? Describe any collaboration and coordination efforts occurring in your community as a result of this project or activity.

4) List all prevention project or activity **outputs** accomplished during the year. Please include total number of families, parents, and children that benefited from the prevention project or activity. Outputs may also include, but are not limited to, service activities provided, number of presentations, home visits, cribs or massage kits distributed, adult mentors trained, prevention materials or newsletters distributed, etc. (Please use the table below & include additional narrative as needed).

|  |  |  |
| --- | --- | --- |
| Type of Service | # Provided/Served | Comments |
| Home Visits conducted |  |  |
| Safe 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) |  |  |

5) Please provide any relevant anecdotal information and any other data that demonstrates the value of this prevention project, measurable outcomes, activity or service provided with CTF license plate funding to specific individuals, populations, and/or the community in general.

6) Please describe and list other additional resources provided for this project during the fiscal year. This includes both financial support from other sources as well as in-kind contributions of time and resources. Include whether these resources were used for the marketing of the CTF license plate or for the prevention program being implemented with license plate funds. This could include, but not limited to, the number of volunteers and volunteer hours provided, donated supplies, office space, etc. and the corresponding dollar value.

7) Protective factors (PF) are conditions in families and communities that, when present, increase the health and well-being of children and families. Describe how the project promoted any of the following protective factors. Expand the table as necessary to address each protective factor. For additional information on the protective factors visit <http://www.childwelfare.gov/preventing/preventionmonth/factors.cfm>; <http://www.cssp.org/reform/strengthening-families>.

|  |  |
| --- | --- |
| **Protective Factor (PF)** | **Description of how project incorporated/addressed PF** |
| (1) parental resilience |  |
| (2) social connections |  |
| (3) knowledge of parenting & child development |  |
| (4) concrete support for parents |  |
| (5) social & emotional competence of children |  |
| (6) nurturing & attachment |  |

8) What specific areas of technical assistance, if any, are needed to assist with the promotion and marketing of the CTF plate, or with the development, implementation, evaluation, or enhancement of your CTF prevention project?

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