Children’s Trust Fund

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

**Annual Program Report – FY 2017**

**July 1, 2016 – June 30, 2017**

**Instructions:** Please use the following information to complete the required Annual “Year End” 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, 2016 and June 30, 2017. 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, 2017**. 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 17 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) What barriers/obstacles has the project encountered and how have those been addressed?

2) 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.

3) 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 |  |  |
| 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 2017 (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. Also, 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.

4) List each project **goal, objective and outcome** as stated by the grantee in Exhibit A of the 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, and if so, then how was that determined or measured. If not, then which outcomes were not obtained? Discuss what prevented the grantee from obtaining specific desired outcomes and how will each be addressed, corrected, or changed for future implementation of the project.

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

1. Describe efforts to reach out to special and/or traditionally under served populations within the targeted geographic area with regard to this project.

7) Discuss the evaluation process and how it was implemented. Please include a description of the evaluation methodology or processes, evaluation tools used, and whether or not such tools are standardized. Include what and how data was collected, edited and compiled for analysis and report writing. **Finally, report any current data or findings and in what ways those relate back to project goals and outcomes.**

8) 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 promoted?

9) 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.

10) Please list other resources provided for this project during the fiscal year. Include both financial support from other sources and in-kind contributions of time and resources. Include the number of volunteers, the number of volunteer hours provided, donated supplies, office space, etc. and the corresponding dollar value. Please include the specific source(s) of local match.

1. For prevention projects that have completed their **fourth or fifth year** of CTF funding, discuss how this prevention project will continue and how it will be sustained? Include steps that have been taken to assist with sustainability.
2. 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 |  |

1. For grantees completing the first year of the project, have all staff (salaried or contractual) completed the full on-line *Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action* training? CTF supported staff must complete all seven modules of the training and all seven certificates of completion must be included as part of this annual report.