

PART 1 – TPP PROGRESS REPORT

COVER PAGE

GRANT STATUS SUMMARY	AGENCY USE		OFF USE ONLY	
	YES	NO	YES	NO
1. Is this Project on track with all Workplan activities for this report period? <i>If not, explain in the OS Form narrative.</i>				
2. Is this Project on track with all evaluation requirements for this report period? <i>If not, explain in the Evaluation Section narrative.</i>				
3. Is this Project on track with all administrative requirements for this report period? <i>If not, explain in the narrative section on page 2.</i>				
4. Is technical assistance (TA) needed at this time? <i>Describe TA request in the narrative section on page 6.</i>				

PROGRESS REPORT PERIOD			
	1 st Six Months	2 nd Six Months	Final Report
Due Date	Feb. 1, 20____	Aug. 1, 20____	Not Applicable
Date Emailed to OFF			

FOR OFF USE ONLY			
Received by OFF			

Contact Person for this report:		Grant Amount:	
Title:		<input type="checkbox"/> Formal Collaborative	
Phone (Include extension if applicable):	E-mail:	<input type="checkbox"/> Informal Collaborative	
Mailing Address:			

Report Checklist (Progress Report must include all items listed.)	AGENCY USE <input checked="" type="checkbox"/>	OFF USE ONLY <input checked="" type="checkbox"/>
Part 1:		
Cover Sheet		
A. Administrative Update		
B. Formal/Informal & Regional Collaborative Activities		
C. Program Highlights		
D. TPP Evaluation Activities		
Part 2:		
Objective Status (OS) Forms and Narrative		
Required Attachments:		
A1. Project Collaborative Roster		
A2. Family PACT Providers Clinical Linkage Form		
A3. Sites of Service		
A4. Community Match Record Form (CCG Projects Only)		
A5. Formal Collaborative Meeting Agenda/Minutes (Level II CCG Projects Only)		
A6. CPI Summary (Required for Year-End Reports Only. Submit copy approved by Evaluation Liaison)		

Submit the completed TPP Progress Report (refer to checklist) by email to your:

PROGRAM CONSULTANT

A copy will be forwarded to your Evaluation Liaison.

AGENCY DESCRIPTION AND OTHER TYPES OF FUNDING

Type of Agency

<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based Organization
<input type="checkbox"/> County Government	<input type="checkbox"/> Local School District/ Office of Education
<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Local Health Jurisdiction
<input type="checkbox"/> Community-Based Organization/Agency	<input type="checkbox"/> Other (specify): _____

Other Funding Received for TPP Programs

Indicate if your agency receives funding for teen pregnancy prevention activities from any of the following sources.

<input type="checkbox"/> TeenSMART Outreach Program	<input type="checkbox"/> California Department of Alcohol and Drug
<input type="checkbox"/> Adolescent Family Life Program	<input type="checkbox"/> California Youth Authority
<input type="checkbox"/> Cal-SAFE	<input type="checkbox"/> California Department of Education (Including the Office of Child Development)
<input type="checkbox"/> Cal-Learn	<input type="checkbox"/> The California Wellness Foundation
<input type="checkbox"/> SPRANZ-CBAE	<input type="checkbox"/> The California Endowment
<input type="checkbox"/> Title X	<input type="checkbox"/> Sierra Health Foundation
<input type="checkbox"/> California Department of Community Service and Development	<input type="checkbox"/> California Department of Social Services (Including Mentoring Programs)
<input type="checkbox"/> California Department of Public Health	<input type="checkbox"/> California Department of Health Services
<input type="checkbox"/> Other Private Foundations (specify): _____	<input type="checkbox"/> U.S. Federal Government Sources (specify): _____

B. FORMAL/INFORMAL & REGIONAL COLLABORATIVE ACTIVITIES

Informal Collaborative Agenda/ Meeting Summary maintained in Program Files

Meeting Summary Incorporated in the Narrative

Formal Collaborative

Mission Statement: Previously Submitted: Yes No
Revised and forwarded to PC by e-mail on _____

Operating Principles: Previously Submitted: Yes No
Revised and forwarded to PC by e-mail on _____

Collaborative Agenda/ Minutes: Attached: Yes No

NARRATIVE: *(Describe local and regional collaborative activities during report period.)*

Staff Attending Regional Collaborative Meetings

DATE	LOCATION	STAFF ATTENDING

Conferences and Training Attended this Period

DATE	SPONSOR	TOPIC	STAFF NAME	STAFF ROLE	
				Participant ✓	Presenter ✓

C. PROGRAM UPDATE

Provide stories and descriptions of successes or achievements your program has made during the report period. These highlights may be a direct result of program activities or accomplishments attained indirectly from implementing work plan activities.

PROGRAM HIGHLIGHTS:

BARRIERS AND RESOLUTION EFFORTS:

TYPES OF REFERRALS MADE FOR PROGRAM PARTICIPANTS:

<input type="checkbox"/> Job opportunities	<input type="checkbox"/> Drug or alcohol treatment	<input type="checkbox"/> Housing/Shelter/Food (including WIC)
<input type="checkbox"/> Health care referrals/Medi-Cal	<input type="checkbox"/> Parenting skills	<input type="checkbox"/> Education: Academic/Vocational
<input type="checkbox"/> Counseling/mental health	<input type="checkbox"/> Domestic violence/Violence prevention	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Family Planning/Family PACT	<input type="checkbox"/> Legal services	<input type="checkbox"/> Other : _____

TECHNICAL ASSISTANCE NEEDED:

C. PROGRAM UPDATE (Supplemental Page)

Use this page if you need more space for your narrative. Otherwise, you may delete it by following the simple steps provided in the Progress Report Instruction.

D. TPP EVALUATION ACTIVITIES

Continuous Program Improvement (CPI)

CPI Tool Used To Implement Evaluation Requirement:

<input type="checkbox"/> Curriculum Assessment	<input type="checkbox"/> Participant Satisfaction Survey	<input type="checkbox"/> Local Pretest and Posttest	<input type="checkbox"/> Other: (Specify)
<input type="checkbox"/> Implementation Tool	<input type="checkbox"/> Training and Support	<input type="checkbox"/> Focus Group	_____

CPI EVALUATION NARRATIVE: (Describe CPI activities conducted this period. Include any challenges and efforts to resolve them.)

TECHNICAL ASSISTANCE NEEDED: