

## Teen Pregnancy Prevention (TPP) Progress Report Instructional Guide

This document provides directions in completing the forms to meet OFP requirements for information/data reporting, and in using PDF.

### SUBMISSION REQUIREMENTS

All TPP funded agencies are required to submit two Progress Reports per fiscal year. **Only Lead Agencies must submit reports. Subcontractors are not required to submit reports to OFP.** The table below lists the due dates for these reports. A late submission must be approved by the Program Consultant before the due date for report submission. Unless an approval is obtained, a report that arrives after the specified due date will be considered late and non-compliant.

Submit progress reports by email to the Program Consultant (PC) only. The PC will review the progress report and may ask for additional information or corrections. A feedback document will be generated regarding the status of your progress report and will be included in your agency's contract file.

| Progress Reports   | Due Dates              |
|--|------------------------|
| Mid-Year Report or 1 <sup>st</sup> Report Period (July 1-Dec. 31)  | Feb. 1 <sup>st</sup>   |
| Year- End Report or 2 <sup>nd</sup> Report Period (Jan. 1-June 30) | August 1 <sup>st</sup> |
| Final Report (Due at the end of the grant term) – I&E              | July 30, 2011          |
| Final Report (Due at the end of the grant term) – CCG              | July 30, 2011          |

All required report forms and attachment forms are downloadable from the [TPP Website](#)

The Progress Report forms are provided to you in the fillable Portable Document File (PDF) format. You will need the software, Adobe Acrobat (full version) to download, fill in, save and print forms. **The free Adobe Acrobat Reader will not allow you to fill in and save the forms.**

**Download and save onto your computer/disk, the following forms:**

- TPP Progress Report, Part 1
- TPP Progress Report, Part 2 (OSF)
- TPP Progress Report Attachment 1 (Project Collaborative Roster)
- TPP Progress Report Attachment 2 (Family PACT Provider Clinical Linkage Form)
- TPP Progress Report Attachment 3 (Sites of Service Roster)
- TPP Progress Report Attachment 4 (Community Match Report Form) [For CCG Projects Only]

**Basic PDF User Tips:**

- Save the document to your computer or disk before completing the form. Save! Save! Save!
- Use a file name that would be easily identifiable to your agency, your program and the corresponding report period. Example: JWCH I&E July-Dec 06 Prog Rep
- Use the **mouse to select a field** and to move around the document. It is easier to use the mouse to move through fields in columns. The **tab key** moves the cursor through fields from left to right, before moving down to the next row.
- Use the **mouse to place a checkmark** - by clicking on the box. Where a question requires a forced response [yes or no], the checkmark will default to NO.
- Forms are embedded with formulae that will allow for data extraction/analysis. Do not insert or delete forms without OFP approval. Contact your Program Consultant for supplemental pages.

## PART 1 – TPP PROGRESS REPORT

Download the **TPP Progress Report – Part 1** from the [TPP Website](#) and save it onto your computer or disk. Rename the document using a filename identifiable with your local program. Follow the instructions below to complete the form.

|  | <u>Page Number</u> |
|--|--------------------|
| <b><u>Part 1 includes the following:</u></b>             |                    |
| Cover Page   | 1                  |
| Agency Description and Other Types of Funding            | 2                  |
| A. Administrative Update                                 | 3                  |
| B. Formal/Informal and Regional Collaborative Activities | 4 - 5              |
| C. Program Update  | 6 (6a)             |
| D. TPP Evaluation Activities                             | 7                  |

### COVER PAGE

Page 1

Complete all the sections on this page.

**Header Row:** This is found on the very top of every page of the Progress Report Form. The following information is required:

- **Type of Program (CCG or I&E):** Check the appropriate box that represents the type of program for which this report is being prepared: CCG or I&E. The checkmark will automatically be duplicated in the succeeding pages of the form.
- **Agency Name:** Type in the name of the Agency. The name entered on this line will automatically be duplicated in the succeeding pages of the form.
- **Grant Number:** Type in the grant number of the program for which this report is being prepared. The number will automatically be duplicated in the succeeding pages of the form.

**Grantee Status Summary:** Under Agency Use, please check “yes” or “no” in response to these four questions.

**Progress Report Period:** Enter the year of the report due date and the date your agency e-mailed the report to your Program Consultant.

**Contact Information:** Enter the following: grant amount, the contact person and all contact information for this report. Check whether agency was funded as a Formal or Informal Collaborative.

**Report Checklist:** Refer to this list for all required components of the progress report. Under Agency Use, place a checkmark for each item included in your report.

- **Part 1.** The form has 7 seven pages, with a supplemental page for the narrative section. Make sure all the sections of Part 1 are completed and included in the report you are submitting.

- **Part 2.** You must complete one Objective Status (OS) Form for each objective in your workplan. Exception: CCG Administrative Objective.
- **Required Attachments:**

|   |  |
|---|--|
| A1. Project Collaborative Roster                    | Required of all CCG and I&E projects.  |
| A2. Family PACT Provider Clinical Linkage Form      | Required of all CCG and I&E projects.  |
| A3. Sites of Service Roster                         | Required of all CCG and I&E projects.  |
| A4. Community Match Record Form                     | Required of all CCG and I&E projects.  |
| A5. Formal Collaborative Meeting Agenda and Minutes | Required for <u>Level II CCG projects only</u> . No form is provided for this attachment. Agenda and minutes may be attached as WORD documents.  |
| A6. CPI Summary                                     | Required of all CCG and I&E projects. No form is provided for this attachment. Submit the CPI Summary that has been approved by the Evaluation Liaison. This attachment is required for <u>Year-End Reports only</u> . |

**REPORT SUBMISSION INSTRUCTIONS:**

**Submit by email** your completed Progress Report along with all required attachments to your Program Consultant (PC). The PC will forward a copy to the Evaluation Liaison after the Progress Report is reviewed and deemed complete.

**\* All supporting documentation and materials relevant to the Progress Report must be kept at the Agency's program office and be made available for OFP review/audit.**

**AGENCY DESCRIPTION AND OTHER TYPES OF FUNDING**

**Complete all the sections on this page.**

In this section, describe your agency and information on any other funding your agency receives for teen pregnancy prevention activities.

**Type of Agency:** Check the box next to the most accurate description of your agency.

**Other Funding Received for TPP programs:** Check as many boxes as appropriate to describe other sources of funding for teen pregnancy prevention programs that funds programs/services during the same report period.

Complete all the sections on this page.

**TPP Staff:** List all TPP staff supported by the lead agency in the last six months (this does not include subcontractor’s staff). Use the staff titles as listed in your approved budget covering the period of the progress report.

- For the column labeled *Dates of TPP Employment*, enter the start and end dates each staff served on the TPP program and was included in budget. *If the staff was already employed with the agency before the start of the TPP program, then the start date would be the beginning date of the TPP program.*
- For the column labeled Full Time Equivalent (FTE), indicate the percent time for each position as it appears on the approved budget, within the last 6-month reporting period.
- **EXAMPLE:**

Community Health Program is submitting a mid-year report. The agency’s Health Programs Manager, Debbie Christopher, is listed in the budget approved on July 15<sup>th</sup> as Project Coordinator at 50%FTE. Debbie has been with the program since it started on July 1, 2004. The invoices sent for the months covering the report period, July-December, list her position as Project Coordinator at 50% FTE. Debbie resigned on August 30, 2007 and was replaced by John Carmadjin who assumed all responsibilities as of Sept. 15, 2007. On Dec. 15<sup>th</sup>, the agency revised their budget and increased the Project Coordinator’s time to 60%FTE starting January 1, 2008.

The report will reflect the following:

**Staff included in the TPP Budget in the Last Six Months (Lead Agency)**

| Name of Staff      | TITLE               | Dates of TPP Employment |          | FTE (%) on TPP Budget |
|--------------------|---------------------|-------------------------|----------|-----------------------|
|                    |                     | Start                   | End      |                       |
| Debbie Christopher | Project Coordinator | 07-01-04                | 08-30-07 | 50%                   |
| John Carmadjin     | Project Coordinator | 09-15-07                | -        | 50%*                  |

*\* Although the budget was approved on Dec. 15th, it does not take effect until Jan. 1st. On the Year-End Progress Report, John’s time on the project will be reported as 60%. The End Date of his TPP employment is left open because John is still employed.*

**Narrative:** Please describe all Lead Agency staff changes in this report period, and the reason they occurred. Grantees are reminded that changes in staff should be reported to your Program Consultant as soon as they occur.

**Notice:** If there are changes reported on the Administrative Update regarding any key staff (Executive Director, Project Director, Project Coordinator, or Fiscal Officer), you must also provide this information to OFP by completing an Agency Information Form (AIF). **The signed updated AIF must be scanned and emailed to the Contract Manager.** Keep the hard-copy on file.

Complete all the sections on this page.

Provide information regarding your local (formal or informal) and regional collaborative participation.

**Informal/Formal Collaborative Data Boxes:** Indicate the type of collaborative you have locally.

- Informal Collaborative** - Projects with Informal Collaborative efforts are not required to maintain/attach agendas and minutes for their collaborative meetings. A summary of collaborative meeting(s) is sufficient for this report.
  - Separate Agenda/ Meeting Summary - Check this box if agenda/meeting minutes/summary is attached to the progress report.
  - Meeting Summary Incorporated in the Narrative - Check this box if a narrative summarizing the meeting(s) is incorporated in the Narrative Section of the report.
  
- Formal Collaborative - Mission Statement/Operating Principles Check Box:** CCG projects with Formal Collaborative efforts are required to maintain and submit attachments pertaining to their collaborative activities.
  - Mission Statement and Operating Principles - The Mission Statement and Operating Principles must be submitted within 90 days from the start of the grant period, and whenever any revisions are made. Indicate whether these have been already submitted to OFP. If the document was revised within the last 6 months, indicate the date when the revised documents were emailed to your program consultant. If you checked "no" [you have not submitted required documents to OFP] - include an explanation in the narrative, with the date the documents will be emailed to OFP.
  - Collaborative Agenda/Minutes - Collaborative meetings must be documented. Copies of agendas and minutes must be submitted as progress report attachments. Indicate whether these are attached to this report.

**Narrative:** The narrative section requires a description of collaborative activities your local project is involved in. Provide information regarding your interactions or meetings; collaborative activities or events; any problems or challenges experienced; as well as steps taken to resolve problems/address challenges; any milestones or progress towards established goals and objectives; and other collaborative efforts. Address the following in your narrative:

- Local Collaborative Activities**
  - **Informal Collaborative:** Summarize all Informal collaborative activities during the report period. Describe any outcomes from the collaboration efforts. Grantees with Informal Collaborative partnerships may conduct meetings with collaborators to establish/support joint decision-making on proposed strategies and activities with individual collaborative members. Meetings are conducted with collaborators on an as-needed basis. For I&E, this type of collaborative partnership used to be referred to as a Collaborative Alliance.
  - **Formal Collaborative:** Summarize all formal collaborative activities during the report period. Describe any outcomes from the collaboration efforts. Grantees required to have a Formal Collaborative must: 1) designate a minimum of 15-20 hours per month of paid staff time to support the activities of the Formal Collaborative; 2) develop a Mission

Statement and Operating Principles and submit to OFP within 90 days from the start of the grant period; 3) conduct regular meetings with the collaborators and submit meeting agenda and minutes; 4) contract with two or more subcontractors to support Workplan objectives, approved by OFP and in compliance with all policies.

- ❑ **Regional Collaborative Activities:** Summarize all regional collaborative activities during the report period, including outcomes from the collaboration efforts. All OFP funded projects are required to participate in one of the ten OFP Regional Collaborative groups. Through these collaborative groups, grantees share individual project accomplishments, resources, information and find ways to complement each other's efforts. Grantees must be represented at all collaborative meetings by the Project Coordinators, or a designee if this person is unable to attend. In addition, responsibilities regarding collaborative meetings and activities must be shared by all grantees in the regional collaborative.

## B. FORMAL/ INFORMAL & REGIONAL COLLABORATIVE ACTIVITIES (continued)

Page 5

Complete all the sections on this page.

**Staff attending Regional Collaborative Meetings:** List the date, location and name of the staff who attended the Regional Collaborative Meetings that occurred during this report period.

- **Entering in the Date:** Type it in this format: month/date/year. Example: 09/13/07.

**Conferences and Training:** Provide information regarding all conferences and trainings attended during the report period. This may include events sponsored by OFP or its contractors and partners, or any other organization or individual, as long as Grantee staff attended on behalf of the CCG or I&E project. List the sponsor or organizer of the event, topic(s) covered, name(s) of staff that attended and indicate whether the staff was a participant or presenter for the specified activity.

- **What to report:**
  - a) Conferences focused on teen pregnancy prevention or a conference that has components that deal with teen pregnancy prevention. These conferences may be OFP sponsored or not.
  - b) Training aimed at increasing the participant skills and knowledge in implementing teen pregnancy prevention interventions, curriculum, etc. Administrative or clerical skills training do not need to be included.
- **Entering the Date:** Type it in this format: month/date/year, and indicate inclusive dates if applicable. Examples: 07/13/07; or 7/13/07 – 07/16/07

## C. PROGRAM UPDATE

Page 6

Complete all the sections on this page.

**Program Highlights:** Each CCG or I&E Program have the ability to positively impact their community and their program. In this section, please highlight milestones, successes and/or accomplishments as a result of efforts conducted. Examples include acknowledgement of your program locally,

regionally, nationally; interviews or other media opportunities; acknowledgement by local or national organizations; conducting workshops or conferences; successful community mobilization efforts; outstanding results from interventions including unexpected outcomes; etc.

**Barriers and Resolution Efforts:** In narrative form, identify overall barriers or challenges in implementing your project/workplan and any efforts made to overcome them. Identify action steps being taken to deal with issues. If one of your objectives is not on track for completion or is not likely to be met at all, include a statement in this section to reference this objective and a brief description of the issue(s).

Examples:

- Objective 3 is not on track due to difficulty recruiting participants. New approaches to recruitment and incentives are being developed.
- Objective 4 was not met due to changes in school policies regarding after-school programs. This was discussed with OFP Program Consultant. A new school has been designated as the new site of service for this intervention in the next fiscal year.

**Types of Referrals Made for Program Participants:** Indicate the types of referrals conducted through the various strategies used and activities conducted in your program.

**Technical Assistance (TA):** State the support or assistance your program needs to resolve problems or improve program implementation. This may include training needs, ideas for intervention, curriculum review, etc. Include TA requested that may be specific to implementation of a specific objective/strategy. The Program Consultant will provide the TA, provide resources, or forward your TA request to the Training and Technical Assistance contractor, or other agencies/services. This section is specific to TA related to Program Implementation only. TA request specific to Evaluation must be reported in the TPP Evaluation Activities section on page 7 of the Progress Report Form.

**C. PROGRAM UPDATE - NARRATIVE, Supplemental Page**

**Page 6a**

Use this page if you need additional space for your narrative. If you do not need this supplemental page, you may delete it by following these steps:

1. Move your cursor to the toolbar on the top of your screen.
2. Select: **Document**
3. Select: **Delete Pages**. You will see a screen similar to the one below. At this prompt, the second circle should be automatically highlighted. If it isn't, select the second option by clicking on the circle with your mouse.
4. Enter the page number you want to delete (shown as a range). Note that **Page 6a is an artificial number and is really Page 7 in the sequence of pages in the Progress Report Forms.**

Delete Pages

Select Pages

From [7] to [7]

5. The next prompt will ask you if you want to delete **page 7**. Select: **YES**.
6. Save your document.

Complete all the sections on this page.

### CONTINUOUS PROGRAM IMPROVEMENT (CPI)

**CPI Tool Used to Implement Evaluation Requirement:** Indicate which tool was chosen to implement your CPI evaluation.

**CPI Evaluation Narrative:** Briefly describe the CPI implementation process.

- For the mid-year progress report, the narrative should describe CPI implementation process during the first 6 month period (July – December). Include information regarding the tool selected; and if it applies, the targeted population, sites of service, etc.
- For the year-end progress report, the narrative should simply state, “Refer to the attached CPI Summary.” **Attach a copy of the completed CPI Evaluation Summary with your year-end progress report.** This summary must be approved by your Evaluation Liaison.

**Technical assistance needed?** Indicate if technical assistance regarding evaluation is needed. Please specify the type of technical assistance required.

## PART 2 - OBJECTIVE STATUS FORM

Download the **TPP Progress Report – Part 2 (Objective Status [OS] Form)** from the Training and Technical Assistance Website: [www.etr.org](http://www.etr.org) and save it onto your computer or disk. Rename the document using a filename identifiable with your local program. Follow the instructions below to **complete the form**.

**Complete an Objective Status Form for each Workplan Objective.** The information reported on this form will assist OFP in assessing your progress towards meeting each objective.

**Exception for CCG projects:** No Objective Status Form is required for the **Administrative Objective**.

**Clinical Linkage Objective** – An Objective Status Form is required, but no data regarding participants served should be reported. The Narrative Section must be completed, describing activities and addressing process and outcome measures listed in the Workplan.

**Documentation:** Projects are required to maintain all documentation to support data reported in the Objective Status Form. These will be reviewed during program audits. Do not attach copies of documentation to the progress report. Documentation may include sign-in sheets, activity reports, pre/post test instruments, media coverage articles such as copies of PSA clips, newspaper print-outs, etc.

Complete all sections on this page.

**Header Row:** This is found on the very top of every page of the Objective Status Form. The following information is required:

- Type of Program (CCG or I&E): Check the appropriate box. The checkmark will automatically be duplicated on the next page of the form.
- Agency Name: Type in the name of the Agency. Subcontractors are not required to submit this report to OFP. This information will automatically be duplicated on the next page.
- Grant Number: Type in the grant number of the program for which this report is being prepared. This information will automatically be duplicated on the next page.

**Fiscal Year:** Indicate the fiscal year pertaining to this report period. Example: 2009-2010.

**Report Period:** Mark the box to indicate the report period for which this report is being prepared.

**Objective Number:** Indicate the Objective Number based on your Workplan.

**STRATEGY:** Indicate which strategy is being reported on this Objective Status Form (*Only one strategy should be checked for each form*). Indicate a sub-strategy, if applicable.

**NUMBER OF PARTICIPANTS SERVED:** In this section, you will report the number of participants you serve through this particular objective.

| <u>NUMBER OF PARTICIPANTS SERVED</u>                           | 1 <sup>st</sup> Report Period | 2 <sup>nd</sup> Report Period | Total Served (Year-to-Date) | Projected/Target Number |
|--|-------------------------------|-------------------------------|-----------------------------|-------------------------|
| <input checked="" type="checkbox"/> Multi-Session Intervention |                               |                               |                             | 100                     |

**Exception:** You do not have to complete this section for the Clinical Linkage Objective.

To complete the Number of Participants table, follow these steps:

- 1) **Frequency of Intervention:** Indicate whether this objective/strategy is a **multi-session** or **single session** intervention, by placing a checkmark in the appropriate box. Refer to the workplan objective.
- 2) **Projected/Target Number:** Indicate the "Projected/Target Number" to be served through this particular objective. **Refer to the corresponding objective in your Workplan.**

In your Objective Status Form, write the Projected/Target Number of Participants in the space corresponding to the strategy you marked (multi-session or single session) and directly underneath the column entitled "Projected/Target Number."

**Example:** Following steps 1 and 2; if the strategy that is *Multi-Session* and the number indicated in the Workplan is *100*, then this section of the Objective Status Form will reflect this information as:

- 3) **Multi-Session Intervention:** This includes interventions that require more than one session, such as: a) interventions utilizing a multiple-session curriculum; b) mentoring programs that require multiple meetings between mentor and mentee; or c) any other intervention that requires a series of sessions

to complete. If you checked this box, indicate the number of participants served through the multi-session intervention by reporting the following:

- a) Number of Participants Enrolled. This refers to the total number of participants in single-session interventions or new enrollees in multi-session interventions - whether they completed the intervention or not.
- **1<sup>st</sup> Report Period:** Report data for your Mid-Year Report in this column. Indicate the total number of individuals who enrolled/participated in the program during the months of July to December.  
  
This number includes *new participants enrolled* in an intervention that is not completed by the end of the first six-month period. (Example: An 8-session program that starts in December and ends in January. Participants enrolled in December will be accounted for, even if they do not complete the intervention by the end of the reporting period, Dec. 31<sup>st</sup>.)
  - **2<sup>nd</sup> Report Period:** Report data for your Year-End Report in this column. *First*, indicate the total number of *new participants enrolled* in the intervention during the months of January-June. *Next*, copy the number you reported in Mid-Year (July-Dec) Progress Report under the column labeled **1<sup>st</sup> Report Period**.
  - **Total Served (Year to Date):** This column will be automatically calculated for you. The form adds the numbers entered under the first two columns.
- b) Number of Participants Who Completed the Intervention. This refers to the total number of participants who: a) attended the entire series (all sessions) of your chosen curriculum; b) the total number of required formal mentoring hours; or c) the total number of sessions you indicated in your workplan for this particular intervention.
- **1<sup>st</sup> Report Period:** Report data for your Mid-Year Report in this column. Indicate the total number of individuals who attended all of the sessions in the intervention during the months of July to December.  
  
This number does not include participants of an intervention that is not completed by the end of the first six-month period. (Example: An 8-session program that starts in December and ends in January.)
  - **2<sup>nd</sup> Report Period:** Report data for your Year-End Report in this column. *First*, indicate the total number of individuals who attended all of the sessions in the intervention during the months of January – June. *Next*, copy the number you reported in Mid-Year (July-Dec) Progress Report under the column labeled **1<sup>st</sup> Report Period**. Participants who were part of the number reported as enrolled participants in the first six month report should not be counted again in the second six-month report.
    - **Total Served (Year to Date):** This column will be automatically calculated.

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**Example 1A:** Here is an example of how data should be reported. The Agency in this example is reporting on the first half of the grant year, ending Dec. 31, 2007. Let us assume the following:

- Objective 1: Prevention Education, 8 sessions using a curriculum.
- Projected/Target Number of Participants to be Served (Per Workplan): 100
- Prevention Education provided during the period July 2007-December 2007:
  - a. High School A: 8 sessions were delivered, 40 students participated in at least one session, but only 20 attended all 8 sessions.
  - b. High School B: The 8-session series started in September but only 4 sessions were conducted by Dec. 31<sup>st</sup>. 30 students have attended at least one session.

- Definition: "Participants who completed the intervention" are those who attended all of the sessions (in this case, 8 of 8 sessions).
- In summary, as of December 31<sup>st</sup>, 2 multi-session interventions were delivered, with 70 participants enrolled (40 + 30) and 20 participants who completed the intervention. This data will be reported in the OS Form as follows:

| <u>NUMBER OF PARTICIPANTS SERVED</u>                           | 1 <sup>st</sup> Report Period | 2 <sup>nd</sup> Report Period | Total Served (Year-to-Date) | Projected/Target Number |
|--|-------------------------------|-------------------------------|-----------------------------|-------------------------|
| <input checked="" type="checkbox"/> Multi-Session Intervention |                               |                               |                             | 100                     |
| • Enrolled Participants  | 70                            |                               | 70                          |                         |
| • Participants who completed the intervention                  | 20                            |                               | 20                          |                         |

**Example 1B:** Building on the scenario in Example 1A, the Agency is now preparing a report on the second half of the grant year, ending June 30, 2008. Let us assume the following:

- Objective 1: Prevention Education, 8 sessions using a curriculum.
- Projected/Target Number of Participants to be Served (Per Workplan): 100
- Prevention Education provided during the period Jan 2008-June 2008:
  - a. High School B (HSB): The 8-session series which started Sept 2007 was completed in Jan 2008. 30 students have attended at least one session. 20 students attended all 8 sessions.
  - b. High School C (HSC): 8 sessions were delivered, 50 students participated in at least one session, but only 30 attended all 8 sessions.
  - c. High School D (HSD): 8 sessions were delivered. 30 students have attended at least one session, but only 15 attended all 8 sessions.
- Definition: "Participants who completed the intervention" are those who attended all of the sessions (in this case, 8 of 8 sessions).
- In summary, for the period Jan-June 2008:
  - a. 2 new multi-session interventions were delivered, with 80 newly enrolled participants:
    - HSC = 50
    - + HSD = 30
    - Total = 80
  - b. There were 3 multi-session interventions completed, one that was started in the prior report period and 2 that were started and finished during the current period.
    - HSB – Started in Sept 2007 and completed in Jan 2008
    - HSC – Started and finished in Jan-June 2008
    - HSD – Started and finished in Jan-June 2008
  - c. There were 65 participants who completed the intervention
    - HSB = 20

+ HSC = 30  
 + HSD = 15  
 Total = 65

d. This data will be reported in the OS Form as follows:

| <u>NUMBER OF PARTICIPANTS SERVED</u>                           | 1 <sup>st</sup> Report Period | 2 <sup>nd</sup> Report Period | Total Served (Year-to-Date) | Projected/Target Number |
|--|-------------------------------|-------------------------------|-----------------------------|-------------------------|
| <input checked="" type="checkbox"/> Multi-Session Intervention |                               |                               |                             | 100                     |
| • Enrolled Participants  | 70                            | 80                            | 150                         |                         |
| • Participants who completed the intervention                  | 20                            | 65                            | 85                          |                         |

- The OSF narrative will include a summary of this data. This may list the following:
  - The project has reached 150% of its Projected/Target number to be served (150/100).
  - The project has exceeded its goal of serving 100 participants (vs. 150 total served).
  - Completion rate for the intervention is 57% (85/150).

- 4) **Single Session Intervention:** This includes interventions that only require: a) a single session; b) a one-time exposure (as in media releases or public service announcements); or c) a one-time activity/special event. This includes single session presentations, outreach contacts, community awareness efforts, media campaigns, etc. If you check this box, report the total number of people served during the report period for this intervention.
- **1<sup>st</sup> Report Period:** Under the column labeled **1<sup>st</sup> Report Period**, indicate the total number of individuals who participated in the intervention during the months of July to December.
  - **2<sup>nd</sup> Report Period:** Use this when reporting for the second six months of the fiscal year. Under the column labeled **1<sup>st</sup> Report Period**, copy the number you reported in previous six-month Progress Report. Under the column labeled **2<sup>nd</sup> Report Period**, indicate the total number of participants who participated in the intervention during the months of January to June.
  - **Total Served (Year to Date):** The column labeled Total Served will be automatically calculated.
  - **Projected/Target Number:** In the column labeled Projected/Target Number, write the Projected/Target number of participants to be served as indicated in your workplan.

**BREAKDOWN OF THE TOTAL NUMBER OF PARTICIPANTS SERVED IN THIS OBJECTIVE (Year-to-Date):**

For this section of the report, please use the number reported in the **Total Served (Year-to-Date)** column of the previous table (Number of Participants Served).

Please list the number of participants served in this objective/strategy by each criterion listed below.  
 a. For *Multi Session Intervention*, use number of Enrolled Participants.

- b. For Single Session Intervention, use total number of people served.
- **Ethnic Group**
  - **Age Group**
  - **Gender**

**OBJECTIVE STATUS FORM (OTHER INFORMATION REQUIRED):**

- Indicate who is responsible for completing this objective.
- Indicate if Technical Assistance is needed for this objective.
- Indicate if this objective is on track to be completed by the end of the fiscal year.

**Narrative:**

Describe any highlights and successes in implementing this objective/ strategy, referring to process/outcome measures established in your workplan. In addition, address any barriers or challenges in implementing the objective or meeting the objective at the end of the fiscal year.

If you are not on track for meeting the objective by the end of the fiscal year, report this in your narrative and state your plan for corrective action.

For Mid-Year Reports: If you are not on track for meeting the objective by the of the fiscal year, list reasons why and explain what steps you will take or action you have already initiated to make sure that you meet the objective by the end of the fiscal year.

Example: The projected/target number of participants is 500 for prevention education. By Dec. 31<sup>st</sup>, you have only enrolled 50 in your program. Explain why you have not enrolled at least 250 or 50% of your target number and how you plan to boost your enrollment and delivery of sessions to make up for the balance of 450 by June 30<sup>th</sup> of the following year.

For Year-End Reports: If you did not meet your objective at all by the end of the fiscal year, list reasons why and develop a more detailed corrective action plan. Describe how you would modify your activities or any steps you intend to take to correct the problem and successfully meet the objective in the following fiscal year. Identify who would be responsible for these changes or action steps and how you would monitor your progress in meeting the objective.

Describe any Technical Assistance needed.

## ATTACHMENTS

### **ATTACHMENT 1 – PROJECT COLLABORATIVE ROSTER (Required for CCG and I&E)**

Download the form from the [TPP Website](#) and save it onto your computer or disk. Rename the document using a filename identifiable with your local program. Use as many forms as needed to report on your project collaborative members. Make sure you indicate the *Page Number* at the lower right corner of the form. Save these pages as separate documents. Follow the instructions below to complete the forms.

The Project Collaborative Roster must be completed by projects to document their Formal Collaborative (CCG) or their Informal Collaborative (CCG and I&E). *I&E programs sometime refer to this as the Collaborative Alliance*. The list should include Family PACT Providers that are collaborating with the TPP project. All projects are required to develop linkage with **Family PACT Providers** in their area for referral purposes. Other relationships with Family PACT Providers may not be focused on referral of youth to clinical services but obtaining expert advice on program implementation strategies and educational materials used. This partnership must be reflected in the Project Collaborative Roster.

Projects are required to maintain an updated Project Collaborative Roster in the project files, along with the signed collaborative agreement with each collaborator. Do not attach copies of the agreements to the progress report.

**Header Row:** This is found on the very top of every page of the Objective Status Form. The following information is required:

- Type of Program (CCG or I&E): Check the appropriate box that represents the type of program for which this report is being prepared: CCG or I&E.
- Agency Name: Type in the name of the Agency. Subcontractors are not required to submit this report to OFP.
- Grant Number: Type in the grant number of the program for which this report is being prepared.

**Fiscal Year:** Indicate the fiscal year pertaining to this report period. Example: 2007-2008.

**Report Period:** Mark the box to indicate the report period for which this report is being prepared.

**Total Number of Collaborators:** Indicate the number of members in your collaborative.

**COLLABORATIVE INFORMATION:** Provide information regarding your collaborative members, including details regarding the partnership:

- Contact Information: Provide contact information regarding each one of your collaborators. Write the name of your contact person, his/her title in the agency, the agency name and address.
- Type of Collaborator: Check the type of agency/ program that best represents your collaborator. Mark as many boxes as applicable. Example: Collaborator is both a Family PACT Provider in your area and is one of your Subcontractors for a specific objective in your workplan. If you check *Other*, please write what best describes each collaborating agency.

- Type of Agreement: Mark the type of agreement you have with each collaborator, checking as many boxes as applicable. Example: The Collaborator in the previous example signed a subcontractor agreement to document the financial relationship. They may also sign an MOU/MOA detailing their commitment to serve teens referred to their clinic by your program.
- Collaborator Responsibilities: Briefly describe the roles and responsibilities for each agency in our Collaborative partnership. Include the Objective Number a collaborator may have responsibility in implementing.

## ATTACHMENT 2 – FAMILY PACT PROVIDER CLINICAL LINKAGE FORM (Required for CCG, I&E, MIP)

Download the form from the [TPP Website](#). Save it onto your computer or disk using a filename identifiable with your local program. Use as many forms as needed to report on your project collaborative members. Make sure you indicate the *Page Number* at the lower right corner of the form. Follow the instructions below to complete the forms.

The Family PACT Providers Clinical Linkage Form must be completed by all CCG and I&E programs. All projects are required to develop linkage with **Family PACT Providers** in their area for referral purposes. Projects are required to maintain an updated Family PACT Provider Clinical Linkage Form in the project files. If a formal relationship is established, maintain a copy of the agreement in the project files. Do not attach copies of the agreements to the progress report.

**Header Row:** This is found on the very top of every page of the Objective Status Form. The following information is required:

- Type of Program (CCG or I&E): Check the appropriate box that represents the type of program for which this report is being prepared: CCG or MIP.
- Agency Name: Type in the name of the Agency. Subcontractors are not required to submit this report to OFP.
- Grant Number: Type in the grant number of the program for which this report is being prepared.

**Fiscal Year:** Indicate the fiscal year pertaining to this report period. Example: 2007-2008.

**Report Period:** Mark the box to indicate the report period for which this report is being prepared.

**Total Number of Collaborators:** Indicate the number of members in your collaborative.

**FAMILY PACT PROVIDERS COLLABORATING WITH THE PROGRAM:** Provide information regarding your collaborative partners who are Family PACT Providers. Refer to the Family PACT website: [www.familypact.org](http://www.familypact.org) when completing this section of the report. This information will be used to evaluate the impact of referral services through OFP funded prevention education programs to Family PACT services.

**Family PACT Clinic/Provider:** Provide information regarding the Family PACT Provider (clinic, health center, or private provider) to whom you directly refer participants for services.

- **Family PACT Clinic/Provider Name, Address and Phone Number:** Write down the name, address and phone number of the Family PACT Clinic/Provider exactly as it appears on the Family PACT Website.
  - If your agency is a Family PACT Provider and participants are referred to your agency's clinic, list your agency's Family PACT clinic(s).
  - If you are referring participants to a satellite/mobile clinic, the name may not appear on the Family PACT Website. Identify the Family PACT Clinic/Provider that operates that satellite/mobile clinic. List the information as it appears on the Family PACT Website.
- **Type of Agreement:** Mark the type of agreement you have with each collaborating Family PACT Provider. They may also sign an MOU/MOA detailing their commitment to serve teens referred to their clinic by your program. If your relationship with the Family PACT clinic/provider is informal and you have no more than a verbal agreement that you will refer teens to the clinic/provider, then check the box next to: *Informal*. If you have any other type of agreement, check the third box and write down the type of agreement on the space right next to the box.
- **Satellite/Mobile Clinic – not listed on [www.familypact.org](http://www.familypact.org):** Indicate whether the Family PACT clinic/provider you are collaborating with is a satellite/mobile clinic not listed on the Family PACT website.
  - YES.** If you check yes, provide information regarding the satellite/mobile clinic in the last column.

This information would be reported on the table as follows:

| Family PACT Clinic/ Provider<br>(Where participants are referred)  |  | Are you referring project participants to a Satellite/Mobile Clinic not listed on <a href="http://www.familypact.org">www.familypact.org</a> ? |    | If you checked Yes, please provide the name of the Satellite/Mobile Clinic where project participants are referred, including address and phone number |
|--|--|--|----|--|
| Clinic/Provider Name, Address and Phone Number<br>(as it appears on <a href="http://www.familypact.org">www.familypact.org</a> ) | Type of Agreement  | Yes  | No |  |
| San Joaquin General Hospital<br>500 West Hospital Road<br>French Camp, Ca 95231<br>(209) 468-6000                                | <input checked="" type="checkbox"/> Informal<br><input type="checkbox"/> MOU/MOA<br><input type="checkbox"/> _____ | ✓  |    | Conway Homes Mobile Clinic<br>(Wednesday Clinic)<br>222 Flint Avenue,<br>Stockton CA 95206<br>(209) 465-5443   |

**NO.** If you check no, you do not need to fill in the last column.

**NOTE:** If you are unable to locate a provider on the Family PACT Website, contact your Program Consultant.

## ATTACHMENT 3 – SITES OF SERVICE ROSTER

Download the form from the [TPP Website](#). Save it onto your computer or disk using a filename identifiable with your local program. Use as many forms as needed to list the locations where services are provided. Make sure you indicate the *Page Number* at the lower right corner of the form. Follow the instructions below to complete the forms.

This form must be completed by TPP programs to list venues for activities conducted during the period.

**Header Row:** This is found on the very top of every page of the Objective Status Form. The following information is required:

- Type of Program (CCG or I&E): Check the appropriate box that represents the type of program for which this report is being prepared: CCG or MIP.
- Agency Name: Type in the name of the Agency. Subcontractors are not required to submit this report to OFP.
- Grant Number: Type in the grant number of the program for which this report is being prepared.

**Fiscal Year:** Indicate the fiscal year pertaining to this report period. Example: 2007-2008.

**Report Period:** Mark the box to indicate the report period for which this report is being prepared.

**SITES OF SERVICE:** List all the venues for activities conducted under all objectives of the program. These venues are listed by the following:

Site Name: Identify the venue by name such as: Rincon Valley Teen Center, Santa Clara Boys and Girls Club, Northside Housing Project, Gateway Park, etc.

Address: List the physical address of the venue of your various activities. Do not use the mailing address for an organization. If the specific address is unavailable, use street names or corners to identify the area such as:

- Corner of Johnson Street and Cornelius Avenue
- Sierra, Lake, Shasta, Helen and Mendota Streets

City: Identify the City in which this site is located.

Zip: Identify the corresponding zip code area. If the site borders two zip code areas, list both. For example:

- Gateway Park is located partly in the 94320 and also the 94321 zip code area. In this case, list both zip codes.

Objective Number: List all objective numbers that apply to each venue. For example: The agency conducts Clinic Outreach (Obj 1) and Informational Presentations (Obj. 2) at the Rincon Valley Teen Center. Both objectives will be listed in the box corresponding to the site name, under Objective Number.

**ATTACHMENT 4 – COMMUNITY MATCH RECORD FORM  
(Required for CCG Only)**

Download the form from the [TPP Website](#). Save it onto your computer or disk using a filename identifiable with your local program. The form is three pages long and contains calculation formulas. **Do not delete any pages!** Follow the instructions below to complete the forms.

The Community Match Record Form must be completed by Community Challenge Grant projects only. *I&E projects do not have to complete this report.*

Projects are required to maintain supporting documentation for all contributions to the CCG program reported in the Community Match Record Form. Do not attach copies of supporting documentation to the progress report.

**Header Row:** This is found on the very top of every page of the Objective Status Form. The following information is required:

- Type of Program (CCG or I&E): Check the appropriate box that represents the type of program for which this report is being prepared: CCG or I&E.
- Agency Name: Type in the name of the Agency. Subcontractors are not required to submit this report to OFF.
- Grant Number: Type in the grant number of the program for which this report is being prepared.

**Fiscal Year:** Indicate the fiscal year pertaining to this report period. Example: 2007-2008.

**Report Period:** Mark the box to indicate the report period for which this report is being prepared.

**Total Number of Collaborators:** Indicate the number of members in your collaborative.

**Annual Budget:** Indicate the Annual Grant Amount as recorded on Executed Grant Agreement.

**Required Community Match:**

- Level: Check the appropriate match requirement for your Program. All continuing grantees that received program funds during the previous funding cycle (1999-2005) are required to obtain a 20% match level for the entire grant agreement term. New Grantees are required to obtain:
  - 10% match for the first year
  - 15% for the second year
  - 20% for the third year through the end of the grant period
- Required Amount: Indicate your program's required community match contribution.

**Total Contributions Reported:** The form contains formulas that will automatically calculate the total contributions per report period. These totals will be derived from the contributions listed in the "Amount of Contribution" columns.

- 1<sup>st</sup> Report Period: This will automatically show the total amount of contributions entered in the column. The total appears on page 3 under Total Community Match Contributions.
- 2<sup>nd</sup> Report Period: This will automatically show the total amount of contributions entered in the column. The total appears on page 3 under Total Community Match Contributions.
- Total Contributions Reported: This will automatically show the total amount of contributions reported for the first and second report periods.

**COMMUNITY MATCH INFORMATION:** List the Community Match Contributions received by your program using the table provided in the form.

- Contributor: Identify and List the agency, group, or individuals making the contributions.  
**Example:** Mary Smith (student volunteer)
- Type of Match: Briefly describe the type of contribution(s).

**Example:** 122 Volunteer hours at \$9.30 hr. Mary assisted in organizing 2 community events.

- Amount of Contribution

- Workplan Objective Number (WP OBJ): Identify the Workplan Objective(s) number that directly benefited from the contribution.
- 1<sup>st</sup> Report Period/2<sup>nd</sup> Report Period: List the actual dollar amount of each contribution during the corresponding report period. Note that an agency, group or individual may make a contribution in both first and second periods.

Example:

| <u>Contributor</u> | <u>Type of Match</u>   | <u>Amount of Contribution</u> |                                     |               |                                     |
|--------------------|--|-------------------------------|-------------------------------------|---------------|-------------------------------------|
|                    |  | <u>WP Obj</u>                 | <u>1<sup>st</sup> Report Period</u> | <u>WP Obj</u> | <u>2<sup>nd</sup> Report Period</u> |
| Mary Smith         | 122 Volunteer hours at 9/hr. Mary assisted in organizing 2 community events. | 1,2                           | \$1,134.60                          |               |                                     |
| Jane's Auto Shop   | 1. Car Wash supplies<br>2. Cash contribution                                 | 4                             | \$200                               | All<br>Objs   | \$500                               |
| Jack's Dress Shop  | Prom Dresses   |                               |                                     | 5             | \$350                               |

- Total Community Match Contributions: This reflects the total amount of contributions received per report period. The columns will be automatically calculated and the totals will be reflected in this row.