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| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** City of Los Angeles | | | |
| **PROJECT TITLE:** Gang Reduction Youth Development (GRYD) Trauma Model | | | |
| **AGREEMENT NUMBER:** 851-18 (Cohort 2) | | **AWARD TOTAL:** $1,000,000 | |
| **REPORTING PERIOD (check applicable period)** | | | |
| **2/1/19- 4/31/19**  **Due: 6/14/19** | **5/1/19- 7/31/19**  **Due: 9/13/19** | **8/1/19- 11/30/19**  **Due: 1/15/20** | **12/1/19- 2/29/20**  **Due: 4/15/20** |
| **3/1/20- 5/31/20**  **Due: 7/15/20** | **6/1/20- 8/31/20**  **Due: 10/15/20** | **9/1/20- 11/30/20**  **Due: 1/15/21** | **12/1/20- 1/31/21**  **Due: 3/15/21** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives that were developed by the grantee. Provide clear and complete responses, specific to this reporting period, to each prompt listed below. |

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| **Goal (1)** | | Develop a trauma services model to be implemented across all 23 GRYD Zones, so that Intervention Workers can more effectively engage those individuals heavily impacted by trauma and gang involvement. | |
| **Objectives:** | | 1. Engage experts in the fields of gang intervention, trauma and trauma-informed care in a Working Group. 2. Hold bi-monthly Working Group meetings to develop the GRYD trauma model and implementation plan (by April 30, 2019). 3. Release GRYD Trauma Request for Proposals (if needed). | |
| 1. | Describe progress toward objectives A-B: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (2)** | | Incorporate the new trauma model in the overall GRYD comprehensive strategy. | |
| **Objectives:** | | 1. Develop a culturally competent training plan. 2. Train all 175 GRYD Intervention contractor staff. 3. Train all GRYD office staff (15-20). | |
| 1. | Describe progress toward objectives A-C: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (3)** | | Work with evaluators to monitor the implementation and assessment of the new trauma model. | |
| **Objectives:** | | 1. Develop a set of measurable outcome variables. 2. Develop an Evaluation Plan for BSCC. 3. Ensure regular review of and analysis of data. 4. Engage GRYD Intervention contractors, staff and participants for feedback. | |
| 1. | Describe progress toward objectives A-D: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all CalVIP grantees. Provide clear and complete responses, specific to this reporting period, to each question below. |

1. **In relation to the overall budget, are grant funds being expended as planned and on schedule?**

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **In relation to the overall grant budget, are match funds being expended as planned and on schedule?**

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **Are all grant-funded positions filled (includes the lead agency and any contracted agencies)?**

Yes  No

1. **If no, which grant-funded positions are unfilled, why, and what is the timeline to fill them?**

1. **How does your project ensure services are provided to the target population, as specified in the original proposal?**

1. **What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal?**

1. **If applicable, describe any grant-funded trainings that during the reporting period. Include the date(s), number of attendees and a list of participating agencies.**

1. **Describe at least one grant-funded accomplishment during this reporting period.**

1. **Describe any significant grant-funded activities occurring in the next reporting period (e.g. trainings, community events, etc.)**

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| **SECTION 4: OTHER/TECHNICAL ASSISTANCE** |
| This section allows grantees to include information not captured in other sections and to request technical assistance. |

1. **Would you like to request technical assistance? Please check one:**

Yes  No

1. **If yes, describe the nature of the request:**

1. **Provide any additional information (not already covered in other sections) that you think is important to share with BSCC, including media coverage, awards or recognition, special events, etc.**

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| **REPORT SUBMISSION** | |
| **PREPARED BY:** | **TITLE:** |
| **EMAIL:** | **TELEPHONE NUMBER:** |
| **DATE SUBMITTED:** | **DATE RECEIVED:** |
| **BSCC CONTACT INFORMATION** | |
| Please email **Parts 1 and 2** to [CalVIP@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov). For questions please call Angela Ardisana at (916) 323-8580 or [angela.ardisana@bscc.ca.gov.](file:///\\bscc\public\(H)-PROGRAMS-CPGP\CalVIP\Progress%20Report%20Templates\Cohort%201\Part%201\angela.ardisana@bscc.ca.gov.) | |