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| **SECTION 1: PROJECT INFROMATION** |
| **GRANTEE NAME:** City of Salinas |
| **PROJECT TITLE:** CalVIP Funding 2018-2020 |
| **AGREEMENT NUMBER:** 821-18 | **AWARD TOTAL:** $500,000 |
| **REPORTING PERIOD (check applicable period):** |
| [ ]  **#1. 9/1/18-12/31/18** **Due: 2/15/19** | [ ]  **#2. 1/1/19-3/31/19** **Due: 5/15/19** | [ ]  **#3. 4/1/19-6/30/19** **Due: 8/15/19** | [ ]  **#4. 7/1/19-9/30/19**  **Due: 11/15/19** |
| [ ]  **#5. 10/1/19-12/31/19** **Due: 2/14/20** | [ ]  **#6. 1/1/20-3/31/20** **Due: 5/15/20** | [ ]  **#7. 4/1/20-6/30/20** **Due: 8/14/20** | [ ]  **#8. 7/1/20-8/31/20** **Due: 10/15/20** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal on the Project Work Plan. Use this space to capture your progress in implementing the corresponding activities linked to each set of objectives. This is space for you to answer implementation questions such as: *Are the necessary staff in place? Are referrals coming at the expected rate? Have staff received training? Are classes being held? Are pre- and post-tests being administered consistently? Is the evaluator who will measure this outcome in place? Is the evaluator meeting regularly with partners? Are data collection agreements in place?* This is the not the place to report numerical data; that will be captured on Part 2 of the Progress Report. Provide clear and complete narrative responses, specific to this reporting period. |

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| **Goal (1)**  | Provide services to youth and parents to reduce risk factors and increase protective factors for youth. |
| **Objectives:** | 1. Provide *The Parent Project* training to at least 270 parents of at-risk youth and out-of-control children.
 |
| 1. Provide structured recreational opportunities, life skills and cultural/educational activities to at least 175 youth.
 |
| 1. Provide 20 youth skilled employment, soft and hard job skills training, and academic instruction and support.
 |
| 1. At least 85 percent of participants in the youth and/or parent programs will report positive changes in specific areas (e.g. having a relationship with a caring adult outside of the home and/or life skills (e.g. parental control, communication) after their participation.
 |
| 1. Increase the core group of Saturday Teen Night teen volunteers by 15 percent.
 |
| 1. | Describe progress toward objectives A-E: | (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)**  | Reduce the number of probation violations and school discipline actions for youth who participate in the proposed programs and youth whose parents attend parenting classes. |
| **Objectives:** | 1. Reduce the number of probation violations, arrests, office discipline referrals and suspensions among youth whose parents complete parenting classes compared to youth whose parents do not complete parenting classes, for the six months after participation.
 |
| 1. Reduce probation violations and new arrests among youth in the Rancho Cielo employment training by 75 percent after program participation compared to before program participation.
 |
| 1. Enable at least 75 percent of youth in the Rancho Cielo employment training to earn a high school diploma or GED and at least 50 percent to earn a program completion certificate.
 |
| 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)**  | Reduce violent crime in the City of Salinas. |
| **Objectives:** | 1. Reduce Part I violent crime around the Rec Centers on Saturday nights by 5 percent each year compared to previous years.
 |
| 1. Reduce the number of shootings city-wide by 5 percent each year.
 |
| 1. Reduce the number of youth aged 10 to 24 involved in shootings by 5 percent each year.
 |
| 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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| **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 did 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 occurring during the reporting period. Include the date(s), number of attendees and 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 BY BSCC:**       |
| **BSCC CONTACT INFORMATION** |
| Please email **Parts 1 and 2** to CalVIP-2@bscc.ca.gov. For questions please contact Amanda Abucay at (916) 322-8546 or amanda.abucay@bscc.ca.gov.  |