|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** City of Stockton | | | |
| **PROJECT TITLE**: Operation Ceasefire Expansion – Building Leaders and Building Community | | | |
| **AGREEMENT NUMBER:** 858-17 | | **AWARD TOTAL:** $428,000 | |
| **REPORTING PERIOD (check applicable period):** | | | |
| **5/1/18- 9/30/18**  **Due: 11/15/18** | **10/1/18- 12/31/18**  **Due: 2/15/19** | **1/1/19- 3/31/19**  **Due: 5/15/19** | **4/1/19- 6/30/19**  **Due: 8/15/19** |
| **7/1/19- 9/30/19**  **Due: 11/15/19** | **10/1/19- 12/31/19**  **Due: 2/15/20** | **1/1/20- 4/30/20**  **Due: 6/15/20** |  |

|  |
| --- |
| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal. It is intended to capture your progress toward implementation of each objective, answering questions like: *Are the necessary staff in place? Are referrals coming at the rate you thought they would? Have services been implemented? Are classes being held? Have staff received training? 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal (1)** | | Improve successful outcomes for Leadership Council participants. | |
| **Objectives:** | | 1. Increase the number of participants employed. 2. Increase the number of participants in safe, permanent housing. 3. All participants will complete the leadership development curriculum. | |
| 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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal (2)** | | Improve successful outcomes for Ceasefire clients and their families. | |
| **Objectives:** | | 1. Increase the number of Ceasefire clients employed. 2. Increase the number of Ceasefire clients in safe, permanent housing. 3. Increase the number of Ceasefire clients with access to daily meals. 4. Increase the number of Ceasefire client families receiving supportive services. 5. Improve the percentage of Ceasefire clients self-perceived as “safe.” | |
| 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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal (3)** | | Increase community participation in violence reduction efforts. | |
| **Objectives:** | | 1. Increase the number of diverse community leaders and partners supporting the violence reduction efforts of Operation Ceasefire. 2. Improve community, criminal justice, and civic leadership relationships to create strategic responses to violence. 3. Increase training and education to individuals and communities most impacted by violence. 4. Increase community engagement through communication of evidence-based, anti-violence messaging to cultivate community ownership to reduce violence. | |
| 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) |

|  |
| --- |
| **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 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.)**

|  |
| --- |
| **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.**

|  |  |
| --- | --- |
| **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 contact Angela Ardisana at (916) 323-8580 or angela.ardisana@yahoo.com. | |