



**Mariposa County First Five Commission
Progress Report**

Program Title: _____

Contact Person: _____

Reporting Period: # 1 2 3

Grant Amount: _____

(Circle One)

For Period Ending: / /

Date Due / /

Program Reporter:	Date Submitted:	Date Required:
_____	_____	_____

All future grant payments are conditioned upon the Mariposa County Executive Director’s receipt of complete and timely reporting from grantee. Please include this cover sheet with your full narrative and financial report.

Report Prepared by: _____
Signature Title

Phone: _____ Date: _____

Please Note:

1. The grantee is only expected to respond to those questions that are applicable to this project. If any questions are not applicable to this project, simply state “not applicable”
2. Each Grant Recipient must submit with this quarterly project report an updated budget report using the forms provided.

As part of your contract agreement to provide feedback on the progress of your program(s), the Commission is requesting that you submit, on or before the due date as stipulated in the performance-based contract, this quarterly report. This report will allow you to measure your accomplishments and to identify any needs you have not met. Your response to the following questions will assist the Commission in measuring your performance. Please attach thorough answers to the following questions:

1. State the grant objective (expected outcomes) as listed in your grant application and provide evidence that the expected outcomes from this grant are being achieved. Do you expect the objectives of this grant to be completed by the end of the grant period (June 30th)? If no, please explain. (Make specific reference to each objective)
2. Describe the activities that are supported by this grant, along with a timeline for completion and progress made to date on meeting your grant goals.
3. Have any issues been encountered or anticipated in the administration of your project or program during the previous quarter? If yes, how did you or how will you resolve the issues(s)?
4. Describe any marketing and/or outreach techniques you have used to promote your program to the general public and to other service providers during the previous quarter. What are your indicators of successful marketing and outreach? Describe the program's progress towards achieving such successes?
5. Describe techniques used to ensure ongoing cultural and linguistic diversity and/or Special Needs children, and inclusion in your program during the previous quarter. What are your indicators of success? Describe the program's progress towards achieving such successes?
6. If you have not reached your expected capacity for service delivery, what techniques are you using to more effectively reach and serve your target population?
7. If this is a collaborative effort, has the other party (or parties) been instrumental in reaching grant objectives or expected outcomes? Are there other collaborative partners that could enhance the success of this program/project? Explain.
8. Are there specific barriers that challenge successful implementation of this program/project? Please explain the challenges and indicate opportunities for the First 5 of Mariposa County to assist in addressing barriers.
9. State any and all changes, or anticipated changes, in staff responsible for this grant? How will such changes effect the implementation of this program? (Reminder: All changes must be approved prior to making the change) Explain.
10. Please provide any additional comments you feel are pertinent to the First 5 of Mariposa County. Please include your accomplishments to date with respect to the satisfaction of the grant objectives.
11. Please provide data on the following information: 1) Number of Special Needs Children served 2) Gender of children served 3) Number of Parents/Families who participated 4) Any Parent or Community

Training/Outreach—If so, how many and what trainings were provided 5) Schedule of Activities or timelines, etc.—please provide a sample with your report.

12. Please provide any documents, newsletters, and/or policies that your agency has developed. You may include pictures of activities and the learning environment to supplement your report.
13. Please provide some sort of evaluation (surveys, assessments, etc.) to indicate the success or failure of your activities or projects.

Number of Clients Served

Using the table below, please specify the numbers served in each geographic area by funding received from the Mariposa First 5 County Commission.

Specific geographic area(s) of service and number of clients served during the previous quarter: (√ all that apply)

<i>Geographical Area</i>	<i># served prior quarter</i>	<i># served this quarter</i>	<i>Gender/age</i>	<i>Outcome/Success</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLIENTS
Total number of unduplicated clients/customers served by this project during the reporting quarter:

<p style="text-align: center;"><i>State the <u>actual</u> number of each activity served by Mariposa First 5 <u>funding for this quarter.</u></i></p> <p><u>Number of Adults:</u> <i>Parents/Expected Parent</i> _____ <i>Foster Parents</i> _____ <i>Grandparents/other relative</i> _____ <i>Paid Caregivers</i> _____ <i>Other Professionals</i> _____ <i>(e.g., MSW, MD)</i></p> <p><u>Number of Children:</u> <i>Children 0 to 5 years old</i> _____</p>	<p style="text-align: center;"><i>State the <u>total</u> number of each project served by the program for this quarter.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Total number of unduplicated children served by this project this quarter: _____

Actual Activity, Event or Form of Service

TYPES OR ACTIVITIES OF SERVICE			
	<i>Describe the Activity, Event, or Type of Service</i>	<i>State the Type of Service provided by the program under MCF5 funding during the reporting quarter.</i>	<i>State the <u>Total</u> Number of Service provided by the program during the entire reporting quarter.</i>
	<i>EXAMPLE Number of parenting classes</i>	<i>5 classes per 6 weeks</i>	<i>30 plus an additional culminating workshop</i>
	<i>Number of child care slots for children with special needs</i>	<i>30 slots</i>	<i>60 slots for the entire program to date.</i>
<i>1.</i>			
<i>2.</i>			
<i>3.</i>			
<i>4.</i>			
<i>5.</i>			

Evaluation Plan

Provide all data collected in your program evaluation including program performance measures or assessments. Please provide a copy of any program evaluations that your agency is using, e.g., surveys, student profiles, etc.

Please complete the following budget forms and submit them with this quarterly project report.

PROPOSED PROJECT BUDGET

	AMOUNT REQUESTED	OTHER FUNDING	IN KIND CONTRIBUTIONS	TOTAL BUDGET
EXPENSES:				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
TOTAL EXPENDITURES				
INCOME:				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
TOTAL INCOME				

BUDGET MODIFICATION REQUEST

	Approved Budget	Revised Budget	Amount of Revision	Percent of Revision*
EXPENSES:				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
TOTAL EXPENDITURES				
INCOME:				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
TOTAL INCOME				
NET CHANGE**				

*Percent of Revision = Amount of Revision/Approved Budget

** The Net Change should be zero or a net reduction.

BUDGET REPORT

	Approved Budget	Previously Reported	Current Period	Balance of Budget
EXPENSES:				
1. PERSONNEL				
Salaries (list by title)				
Fringe Benefits & Payroll Taxes				
2. ADMINISTRATIVE EXPENSES:				
Building Lease/Rent				
Utilities				
Telephone/Fax/Internet				
Office Equipment (under \$1,000)				
Office Supplies				
Printing & Advertising				
Staff Travel				
Staff Training/Conferences				
Consultant and Professional Fees				
Indirect cost allocation (agencies)				
Other: (list)				
3. PROGRAM EXPENSES				
Program Supplies				
Program Equipment (under \$1,000)				
Agency Sponsored Meetings				
Other: (list)				
4. CAPITAL EXPENDITURES (itemize)				
TOTAL EXPENDITURES				
INCOME:				
Requested First 5 Grant				
Other Grants (list)				
Fees				
Fundraising Events/Product Sales				
Contributions				
Other (specify)				
TOTAL INCOME				
NET BUDGET (INCOME - EXPENDITURES)				