

# Biennial Final Program Report

Please record the number of clients served by the project in each demographic category

Report Dates: July 1, 2013 through June 30, 2015



Agency Name: \_\_\_\_\_

Grant #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Total number of **new** persons served 4<sup>th</sup> quarter \_\_\_\_\_

Total number of persons returning 4<sup>th</sup> quarter \_\_\_\_\_

Total number of persons served this quarter \_\_\_\_\_

Total Number of Persons served  
in year one and year two: \_\_\_\_\_

## SECTION 1: Demographics (Note: For items A- F, please record the number of new participants served this quarter)

A. Record demographic information of the participants below:

A (1). Age in Years														
		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	Female													
	Male													
Total														

### FOR SECTIONS B through F, REPORT NEW PERSONS SERVED THIS QUARTER ONLY

B. **Race and Ethnic Background** (in whole numbers)

\_\_\_\_\_ African American

\_\_\_\_\_ Asian:

\_\_\_\_\_ Cambodian

\_\_\_\_\_ Hmong

\_\_\_\_\_ Laotian

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ Hispanic:

\_\_\_\_\_ Mexican American

\_\_\_\_\_ Puerto Rican

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ White/Non Hispanic

\_\_\_\_\_ Native American

C. **Insurance**

\_\_\_\_\_ Private

\_\_\_\_\_ Public

\_\_\_\_\_ Uninsured

**D. Household Income**

		< \$9,999	\$10,000 - \$14,999	\$15,000 - \$24,999	>\$25,000
Number of Persons in Household	1				
	2				
	3				
	4				
	5+				

**E. Last Interaction With Health Care System**

Less than 3 months
3 - 6 months
6 months - 1 year
1 year or more

**F. Service Most Often Used**

Emergency Room
Family Physician
Health Center/ Clinic
Traditional Healer

**LUPUS SYMPTOM ASSESSMENT TOOL**

(Lupus projects only)

Number of Lupus Risk Assessments \_\_\_\_\_

Number with 3 or more symptoms \_\_\_\_\_

Number of Referrals \_\_\_\_\_

**Health Screenings information is to be submitted for all grants that are not lupus related.**

**HEALTH SCREENINGS**

Type	#screened	#abnormal	#referrals

**Instructions**

This report is a compilation of individual client demographic records.

Filling in Section I: Demographics is a mandatory requirement for all Commission-funded projects. Methods of collecting this information on individual clients may vary from agency to agency. The information requested for this section represents the **MINIMUM** reporting requirement. All items reported by an agency must remain **CONSISTENT** with those appearing on this form.

**Report:**

- A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the reporting period.
- B. Race/Ethnicity: Report the total number of clients served by self-reported race or ethnicity. Please note, for example, the total number of Asian or Hispanic clients and then the total number by appropriate sub-group. The total of each sub-group must equal the total for the appropriate racial/ethnic group.
- C. Insurance: Indicate the number of clients having public coverage, private coverage or no coverage. Report the number covered for the entire year and those covered for some part of the year.
- D. Household Income: Report the total number of clients in each income range by number of persons in the household.
- E. Last Interaction with Health Care System: Report each client's last interaction with any health provider **excluding** their first contact with this project.
- F. Service Most Often Used: Report the service most often used by project clients.

By signing below, we certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the project's program records.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Date

# Biennial Final Program Report

Report Dates: \_\_\_\_\_ through \_\_\_\_\_



Agency Name:

Grant #:

Project Name:

Total Number of clients served:

- I. List the Goals as they appeared in your application, progress toward accomplishing them and the evaluation method used to measure outcome.  
(Use separate sheet if necessary)

GOALS	PROGRESS (NARRATIVE)	PROJECT EVALUATION

I. List the Goals as they appeared in your application, progress toward accomplishing them and the evaluation method used to measure outcome.  
(Use separate sheet if necessary)

GOALS	PROGRESS (NARRATIVE)	PROJECT EVALUATION

II. List the total number of clients served (unduplicated count) by your project, by service area and outcome (i.e., if your project provided screenings, what number of those served were diagnosed with a disease/condition?)

NUMBER OF CLIENTS SERVED (LIST BY SERVICE)	MEASUREABLE OUTCOME	FOLLOW-UP SYSTEM USED

III. Was the methodology proposed in your application implemented? If not, please describe any changes, the rationale for the change and the impact of service delivery.

IV. Describe problems encountered in implementing the project. Describe the steps implemented to remediate the problem, if applicable.

V. What were the strengths, successes or lessons learned which were unanticipated? Please describe in detail.

VI. Did you discover unanticipated and/or unmet training needs for your staff?

VII. Was the Commission staff of assistance administratively, programmatically and/or in fiscal matters as you implemented your program?  
If not, explain.

VIII. Did you develop written, audio and/or audio-visual materials with grant funds? Copies are to be forwarded to the Commission with this report.

IX. Did you utilize print or electronic media during the funding cycle? Please list and specify whether utilized information, education or promotion.

X. Did consultant meet the programs goals and objectives? (if contracting for deliverables, have deliverables been received?)

XI. List agencies that were primary referral sources to you and those to which you made referrals.

AGENCIES REFERRED TO YOU

MAJOR REASON

AGENCIES TO WHICH YOU  
REFERRED

MAJOR REASON

XII: Describe your plans for sustainability of the project. Have you secured other funding? If so, from whom did you receive funds? Please specify the amount of funding and for how long the project is funded.

**If you do not have a plan for institutionalization of the project, please schedule an appointment to meet with Commission staff to discuss your future plans and ways the Commission may assist you.**

XIII. Comments, suggestions and/or observations.

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Executive Director Date

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Project Director Date