Demonstation Annual Program Report

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

Report Dates: through

Agency Name:
Grant #:
Project Name:

Total number of **new** persons served during year 1 _____

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

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 ALL PERSONS SERVED FOR THE FIRST YEAR OF THE GRANT PERIOD

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

Annual Program Report

Report Dates: through

Agency Name:

Grant #:

Project Name:

Total Number of clients served for first year:

I. Instructions

1. List all the goals and objectives as they appeared in your application.
2. Discuss progress toward accomplishing goals and objectives.
3. Discuss the evaluation method(s) used to measure each outcome. Use separate sheet if necessary.

1. GOALS	2. PROGRESS (NARRATIVE)	3. PROJECT EVALUATION

I. Instructions

Continued from page 1

1. List all the goals and objectives as they appeared in your application.
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3. Discuss the evaluation method(s) used to measure each 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 which print or electronic media you used to place program information, education or promotional materials.

X. Did your program consultant(s) meet the program's 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 this project, please schedule an appointment to meet with Commission staff to discuss your future sustainability plans and ways the Commission may assist you.

XIII. Comments, suggestions and/or observations.

Executive Director Date

Project Director Date