

Demonstration 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 persons served during year 1 _____ (unduplicated)

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

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: _____



I. Instructions

1. List all the goals and objectives as they appeared in your project action plan.
2. Respond to the following: Were all of the objectives met? If not, provide an overview of how they will be achieved in the upcoming year if you are funded for continuation funding.
3. Discuss the evaluation method(s) used to measure each outcome. Use separate sheet if necessary.

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

I. Instructions

Continued from page 1

1. List all the goals and objectives as they appeared in your project action plan.
2. Respond to the following: Were all of the objectives met? If not, provide an overview of how they will be achieved in the upcoming year if you are funded for continuation funding.
3. Discuss the evaluation method(s) used to measure each outcome. Use separate sheet if necessary.

GOALS AND OBJECTIVES	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)	MEASURABLE OUTCOME	FOLLOW-UP SYSTEM USED

Please respond to the following questions. If your funded program does not focus on diabetes prevention please respond N/A.

III. How many individuals in year 1 were identified as pre-diabetic?

- How many of those individuals have moved from prediabetic to not prediabetic? For those that did not move out of that status, please discuss how will you support this participant (referral to primary care provider, recommendation to repeat your program (not to be counted as a new client in this instance), or other support?
- How many participants maintained prediabetic status?
- How many participants moved from prediabetes to diabetic?

IV. a) How many individuals were projected to reduce their BMI by 10%?

b) How many individuals in year 1 have reduced their BMI by 10%?

c) If this measure was not met, please discuss reasons and how this will be addressed in year 2.

- V. a) How many individuals were projected to increase their knowledge?
- b) How many individuals in year 1 have achieved an increase in knowledge related to the educational component?
- c) If this measure was not met, please discuss reasons and how this will be addressed in year two.

- VI. a) How many individuals were projected to increase their physical activity related to the exercise component?
- b) How many individuals in year 1 increased their physical activity related to the exercise component?
- c) If this measure was not met, please discuss reasons and how this will be addressed in year two.

VII. 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.

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

VIII. b) How was the advisory board/group engaged on the status of the program and the development of solutions regarding program barriers?

IX. Please describe in detail, any unanticipated strengths, successes or lessons learned which were unanticipated.

X. Did you discover any unanticipated and/or unmet training needs for your staff? If so, please discuss in detail.

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

XII. Did you develop written, audio and/or audio-visual materials with grant funds? If so, list them here. Copies are to be forwarded to the Commission with this report.

XIII. a) Did you utilize print or electronic media during the funding cycle? Please list, and provide links and specify which print or electronic media you used to place program information, education or promotional materials.

b) Is the Commission funding attribution listed on your agency's website? Social media platform(s)? If so, please include direct links to each reference.

XIV. Did your program consultant(s) meet the program's goals and objectives? If contracting for deliverables, have deliverables been received?

XV. 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

XVI. 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.

XVII. Comments, suggestions and/or observations.

Executive Director Date

Project Director Date