

**New Hampshire Children's Trust Fund**  
95 North State Street #3  
Concord, NH 03301  
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## **Progress Report**

Child Abuse and Neglect Prevention and/or Family Support Grant

Grantees who receive *Child Abuse and Neglect Prevention and/or Family Support Grants* must submit two Progress Reports and one Final Report during the two-year grant cycle. A one-year grantee must submit one Progress Report and a Final Report. Reports are due at NHCTF no later than 5:00 pm on the dates listed. (If a due date falls on a weekend or holiday, the report is due the following business day.) E-mailed reports are welcome.

Please check the program period this Progress Report represents:

**If you are in the first year of your grant**, this report is due on **July 31<sup>st</sup>** and represents the program period of October 1<sup>st</sup> through June 30<sup>th</sup>.

**If you are in the second year of your grant**, this report is due on **April 30<sup>th</sup>** and represents the program period of July 1<sup>st</sup> through March 31<sup>st</sup>.

Name of organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Project title: \_\_\_\_\_ Report date: \_\_\_\_\_

Contact for this report: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. What has your project done during the reporting period to reach the original goals and objectives?
2. Have barriers or problems occurred? Please be specific and discuss how they have been managed, including any changes in the program.
3. How do you determine unmet needs? Do you have waiting lists for your services?
4. Please discuss any changes in the organization's administration, program management or program staff, and the impact on the project.
5. How are parents involved in your NHCTF funded project? What was/is their role in designing, operating and/or evaluating the programs?
6. What are the strategies you use to address cultural issues when engaging and serving diverse families?
7. Are volunteers (other than parents) involved with this project? How many? What is their role?
8. Is this project a collaboration with other agencies in your area, or in other parts of New Hampshire? Please specify which agencies, and how you are collaborating.

9. Are you using the Family Support Program Outcome Survey? If not, what tool are you using for program evaluation? How are you using your program evaluation data?

\* 10. What are the strategies you use to include families and children who have disabilities and/or special health care needs?

\*11. How many total, **unduplicated** children did you serve with this project? How many total, **unduplicated** parents/caregivers did you serve with this project? How many total, **unduplicated** families did you serve with this project? Identifying the total number of children, parents/caregivers, and families served is necessary for federal reporting requirements.

# of Total Children Served \_\_\_\_\_

# of Total Parents/Caregivers Served \_\_\_\_\_

# of Total Families Served \_\_\_\_\_

\*12. Of the total children reported in Question 11, how many have disabilities? Of the total parents/caregivers reported in Question 11, how many have disabilities?

# of Children with Disabilities Served \_\_\_\_\_

# of Parents/Caregivers with Disabilities Served \_\_\_\_\_

\*13. Total number of individuals who received or were exposed to public awareness or public education activities during this funding cycle: (Not direct service)

<b>Other Population Served:</b>	<b>Number</b>
New Hampshire general public (e.g.; PSAs, community fairs, local access cable, etc)	
Community groups & organizations	
Professionals primarily working with children and families (e.g.; in clinics, courts)	
Other (please describe)	
<b>Total</b>	

14. Please describe how this project has impacted a parent or family.

\*15. What activities, events, and/or programs did/does your organization plan for April in recognition of Prevent Child Abuse and Neglect month?

16. We welcome any additional experiences, suggestions, or ideas you would like to share.

**Thank you!**

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\* Asterisk notes required information.