**WI Child Abuse and Neglect Prevention Board  
Family Support Emergency Funds Grant  
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**YEAR END NARRATIVE REPORT**

**Due Date: August 15, 2022:** *Submit the completed report through the* [SPARC Performance Report Portal](https://dcfsparc.wisconsin.gov/)*. Include any attachments and the reporting spreadsheet.*

**Reporting Period: October 1, 2021 – June 30, 2022**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Information** | | | | | | | | | | | |
| Agency’s Name | | | | | | | | | | | |
| Phone | |  | | |  | | | | | | |
| FAX | |  | | | Website | | |  | | | |
| Address | | |  | | | | | | | | |
| City |  | | | | State | |  | | Zip + 4 |  | |
| Executive Director:  person authorized to sign contract | | | | Name: | | Phone: | | | | | Email |
|  | |  | | | | |  |
| Program Manager: | | | | Name: | | Phone: | | | | | Email |

**Section 1: Introduction***In this section, provide a brief overview of your program. Consider using information from your CANPB approved contract and/or subsequent Scope of Work.*

**Section 2: Program Accomplishments***In this section, describe any success stories and proud moments of the program. Examples might include feedback from staff facilitating program activities, testimonials, stories, or feedback you have received from families that were served with this funding.*

**Section 3: Program Challenges**

*In this section, describe any challenges or emergent issues related to the implementation of this project.*

**Section 4: Technical Assistance***Use this section to describe any additional resources or assistance that the Prevention Board could provide or how the Prevention Board could improve their delivery of assistance and Technical Assistance.*

**Section 5: Other***In this section, provide:*

* *Any demographic data collected for this project.*
* *A description of how access to the Family Support Funds impacted how your agency serves families*
* *Any other narrative information you would like to share with the Prevention Board,*