**WI Child Abuse and Neglect Prevention Board  
Tribal CCDBG Grant  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR END NARRATIVE REPORT**

**Due Date: August 30, 2023:** *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, 2022- June 30, 2023**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 and Objectives***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. Please provide:*

* *The proposed project objectives submitted in your CANBP-approved contract and subsequent Scope of Work.*
* *A description of your grant-related activities during this reporting period for each objective (Please only include activities that were funded through your CANBP-approved contract and subsequent Scope of Work.).*
* *A description of your progress towards completion of each objective.*

*Be sure to specify if you are on target or behind schedule based on your CANPB approved Scope of Work. If you are delayed, please explain the circumstances.*

**Section 3: Performance Measure Analysis***In this section, provide:*

* *A narrative description of the statistical information included in your Performance Measures Excel Worksheet.*
* *A description of how data collection is being used for program improvement.*
* *A description of your data collection process for how staff are collecting, entering, and ensuring data accuracy.*
* *A description (if applicable) of your efforts to enter data into WPRS (DAISEY).*

*Please make sure to include an explanation of any changes, challenges, or issues.*

**Section 4: Program Challenges**

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

**Section 5: 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 6a.: Family Strengthening Month**

* *Describe any activities conducted for* ***Family Strengthening Month.***
* *Include an estimated number of people who participated in agency activities and/or were exposed to information on prevention.*
* *Include links to any media coverage and copies of any marketing materials.*

*If your agency already reported this section on another Prevention Board SFY22 Year End Report, please state which contract this information was already reported to the Prevention Board.*

**Section 6b.: Parenting on the Go Bag\****\*If your agency did not utilize Prevention Board funding for Parenting on the Go Bags or have included this information in another CBCAP SFY22 Year End Report, please skip this section).*

*Use the table to indicate how many bags were disseminated by age group:*

|  |  |
| --- | --- |
| **Quantity** | **Age Group** |
|  | newborn to 6 months of age – may be included in a welcome baby/hospital visit |
|  | 6 months to 2 years of age |
|  | 3 – 6 years of age |
|  | 7 - 9 years of age |
|  | 10+ year of age |
|  | **Total** |

* *Please describe how bags were disseminated to families (provide dates, and event type. i.e., Parent Café’s, Community Events, etc.)*
* *Share the most successful strategies in engaging parents with the bags.*
* *Which products were families most interested in?*
* *Describe any challenges or barriers in dissemination.*
* *If the Prevention Board were able to support Parenting on the Go Bags in the future, what changes would make the process easier for agencies?*

*Please make sure to include an explanation of any changes, challenges, or issues.* **Section 7: Parent Engagement and Voice***In this section, describe any activities that ensure the continued leadership and involvement of parents. Include any strategies or methods used to incorporate parent feedback into improving the design, planning, implementation, and/or evaluation of Prevention Board-funded programs.* **Section 8: Other***In this section, grantees may report on any other activities or accomplishments that occurred in this reporting period and enhanced the success of your program goals that did not fit elsewhere in the report.*

**Section 10: Attachments to the Year-End Narrative Report**

* *Photos may be included as an attachment.*
* *News articles about the program or newsletters created by the program should be attached.*
* *Any additional documents that are in reference to any of the sections above.*
* *The* ***Performance Measures Excel Worksheet.***