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**WI Child Abuse and Neglect Prevention Board
Family Resource Center Infrastructure Development Grant Expansion
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR-END NARRATIVE REPORT TEMPLATE**

**Due Date: July 17, 2024**

**Instructions**

*Have a copy of your grant agreement on hand to draft your report. The responses to the report sections below should provide a clear overview of the activities completed in the last six months of SFY2024. The completed reports provide insight into how this grant has affected the community you serve and your organization thus far. Submit the completed report through the* [SPARC Performance Report Portal](https://dcfsparc.wisconsin.gov/)*. Include any attachments and the reporting spreadsheet.*

Naming mechanism: When you save the template, please rename using this structure. Your agency name can be acronym or abbreviated. i.e. BVCC\_FRC YearEnd Report SFY24 or BayView\_FRC\_YearEnd Report SFY24.

{agency name}\_FRC YearEnd Report SFY24

**Reporting Period: July 1, 2023– June 30, 2024**

**Organization Name:**

**Project Name:**

**Contract #: 433001-G23-0002124**

**Contact Person:**

**Contact Email:**

**County(ies):**

**Section 1. Grant Leadership updates, if applicable**

1. Please provide any changes to the Administrative Leadership Team or Protective Factors and Parent Leadership Team, if applicable. If no changes please indicate, Team membership is current.
2. If your agency has any unfilled Team members (including parent leaders), please include a short description on challenges to fill this position and current recruitment strategies.
3. Describe how your identified parent leader has participated on the PF/PL leadership team and developing goals to the action plan. Indicate if there are any barriers to reaching this objective.

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

**Section 1.a. Programming, if applicable**

*Did your agency use grant funds to provide direct services to families during this reporting period?*

[ ] Yes [ ]  No

If yes, please complete the chart in the CANPB SFY24 FRC-2 Grant Performance Measures spreadsheet. If no, please skip this section.

**Section 2 Objectives (deliverables during the time period January 1 – June 30, 2024) Note: deliverables between July 1 – December 31, 2023 were reported on mid-year report.
*OBJECTIVE: Data Champion***

1. Please provide any changes to the Data Champion, if applicable. If no changes please indicate, current.
2. How many agency staff have access to the WI FRC Profile in DAISEY? \_\_\_\_
3. If applicable, how many agency staff have access to the WPRS for program reporting in DAISEY? \_\_\_\_

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Agency Profile in DAISEY (WI FRC - Agency Information)***Please indicate which forms in the WI FRC Agency Information has been started (in progress) or completed. Note: each FRC agency will be required to have all forms completed by June 30, 2024 and updated annually.

|  |  |  |
| --- | --- | --- |
| Form | *In progress* | *Completed* |
| WI FRC - Core Service Child Development Form |  |  |
| WI FRC - Core Service Community Engagement Form |  |  |
| WI FRC - Core Service Parenting Supports Form |  |  |
| WI FRC - Core Service Resources & Navigation Form |  |  |
| WI FRC - Parent Leadership Development Form |  |  |
| WI FRC - Staffing and Training Form |  |  |

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Professional Development plan - updated***Attach your FRC’s updated professional development plan previously submitted by September 15, 2023. The updated activities should include updating staff on the leadership teams (if there has been staff and parent changes) and changing the training status (completed, registered, or other status).

*Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*
**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Tracking Foundational trainings and other professional development****How many FRC staff have set up an account in the* [*Family Resource Center Professional Development System*](https://uwm.edu/wcwpds/family-resource-center-professional-development-system/)*?*

|  |  |  |
| --- | --- | --- |
|  | *# with profile/account* | *# without profile/account* |
| *FRC Infrastructure Leadership teams* |  |  |
| *Additional Family Resource Center staff* |  |  |

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Programming Plan - Updated***Have there been any changes to the submitted programming plan (since October 31)? If yes, please attach your updated programming plan and provide a short description of the changes.

Changes:

*Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*
**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information or updates:**

***OBJECTIVE: Standards of Quality Program Self Assessment***Was the required completed NFSN Standards Assessment and enter results into DAISEY by March 1, 2024?

*Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information or updates:**

***OBJECTIVE: Participant Survey***

Did your agency Distribute NFSN Participant Survey during April and submit results by May 7, 2024?

*Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information or updates:**

***OBJECTIVE: Action Plan***

Did your agency submit the action plan by July 17, 2024?

*Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*

Were there any significant changes to the final action plan from the draft action plan?

How have you addressed DEI in your action plan? If you didn’t include one of the DEI standards in your action plan, briefly describe how you are addressing DEI in your FRC.

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information or updates:**

**Section 3: Program Accomplishments***In this section:*

* *Provide a summary of progress to-date (200-500 words).*
* *What activities did you conduct during the reporting period, including those not anticipated in your original proposal? What activities did you decide not to undertake?*
* *What are you most proud of this first year in building your infrastructure?*

**Section 4: Publications, Marketing and Outreach***In this section provide:*

* *A description of efforts to recruit and engage families.*
* *A description of your referral process for the program and referral sources (i.e. do you have a formal referral process or form for your partners to receive referral or to send referrals to other community agencies).*
* *List any products that were developed with grant funds.*
* *Describe any efforts to promote* [*Five for Families*](https://fiveforfamilies.org/) *public awareness campaign.*

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

**Section 4a.: Family Strengthening Month\*** (if your agency has multiple Prevention Board grants, you only need to respond to this section in one year-end report. Please identify the report your completed this section).

* *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*

**Section 4b.: Parenting on the Go Bag\****\*If your agency did not utilize Prevention Board funding for Parenting on the Go Bags, please skip this section. Or if your agency used Prevention Board funding for bags from another grant – report on that year-end report.*

*Use the table to indicate the number of 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 5: Collaborations & Partnerships***In this section:*

* *Highlight any new or emerging partners, subgrantees (if applicable), and their role(s)*
* *Describe any efforts to involve parents in the planning and implementation of any agency planning and/or programming.*

**Please check all collaborations/partnerships that apply**

[ ] Early Childhood Systems
[ ]  Strengthening Families, Head Start
[ ]  Maternal, Infant, and Early Childhood Home Visiting
[ ]  Child Mental Health
[ ]  LGBTQIA2S+ Organizations
[ ]  Hospitals, Clinics, etc.
[ ]  Substance Abuse
[ ]  Public Health / Health Department
[ ]  Nonprofit Community Organizations
[ ]  Schools
[ ]  Library
[ ]  Business Community
[ ]  Community Action Agencies
[ ] Other (please describe in narrative)

**Section 6: Outreach and Education
Please indicate how your organization educates parents, caregivers, and community members on the important role of primary prevention programs, services, and strategies:**

[ ] General Social Media Posts
[ ]  [Five for Families](https://fiveforfamilies.org/)
[ ]  Protective Factors
[ ]  Child Development
[ ]  Triple P Level 1
[ ]  [Room to Grow](https://preventionboard.wi.gov/Pages/OurWork/RoomToGrowCampaign.aspx) Campaign
[ ]  Parent Education opportunities

[ ]  ​[Catching Kids Doing G​​ood](https://preventionboard.wi.gov/Pages/OurWork/CatchingKidsDoingGood.aspx) campaign
[ ]  Parenting Supports
[ ]  Resource and Navigation
[ ]  Community Engagement (community presentations)

[ ]  [Embrace the power of Dads](https://preventionboard.wi.gov/Pages/OurWork/EmbracethePowerofDads.aspx) campaign

**Section 7: Lessons Learned**

* *During this reporting period, what were some new or surprising insights for:*
	+ *You?*
	+ *Your staff/parent leaders/volunteers?*
	+ *Clients/Service users or project/program partners?*

*(Suggested word length: 200-250 words)*

* *During this reporting period, what were some ideas or practices that were reinforced for you, your staff/parent leaders/volunteers, clients or project/program partners? (Suggested word length: 200-250 words)*

*(Suggested word length: 200-250 words)*

**Section 8: Concrete Supports (if applicable)***Did your agency use grant funds to provide concrete supports to families during this reporting period?*

[ ] Yes [ ]  No

If yes, please complete the chart in the CANPB SFY24 FRCQ Grant Performance Measures spreadsheet. If no, please skip this section.

**Section 9: Other Activities***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. Please describe any other primary prevention activities implemented with Prevention Board funds (this may include “small dose” Triple P, online Triple P, or other primary prevention activities).*

**Section 10: Technical Assistance***Use this section to describe any additional resources or assistance that the Prevention Board could provide. Examples might include suggestions for improving Community of Practice calls, support with WPRS and data entry, or professional development or training needs for your staff and supervisors.*

**Section 11: Protective Factors Implementation\****\*If your agency does not receive* *Prevention Board funding for Protective Factors in the FRC grant, please skip this section*

*In this section, provide:*

* + *The proposed Protective Factors objectives submitted in your CANBP-approved scope of work*
	+ *A description of your Protective Factors-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 Protective Factors objective.*
	+ *A description of challenges or emergent issues related to the implementation of Protective Factors.*

*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.*

*Please note at the end of this section, you may include a paragraph sharing other activities and highlighting accomplishments that are relevant to your program but are not funded through CANPB.*

**Section 12 CCDBG (Not applicable):**

**Section 13: 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.*