|  |  |
| --- | --- |
| County: **Contract #:**  | For Quarter Ending: September 30, 2018  |
| **Completed by (include person’s name and phone number):** |  |

**PART ONE:** Due the 15th of the month following the end of each quarter (October, January, April, July) or the first business day after the 15th.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please provide the following information for your ICAPP-funded Respite Care Program beginning 7/1/18\*. | **This quarter Only:** | **Year To Date:** |
| 1. | **Total** **unduplicated** families |  |  |
| 2. | **Total** **unduplicated** children  |  |  |
|  |  |  |  |
| 3. | Number of **NEWLY ENROLLED** participants - **(This applies only to families enrolled this fiscal year)** |  |  |
| 3a. | New families  |  |  |
| 3b. | New children |  |  |
|  |  |  |  |
| 4. | Total **number of hours of crisis care provided to children\*\*** |  |  |
| 5.  | Total referrals made for families receiving services |  |  |

\*If ICAPP funds 100% of the project budget, report 100% of the project participants. If your proposal/budget identifies a discrete participant population, report the discrete participants. If your project utilizes blended funding, report 100% of the project participants and complete Part Three, question 10.

\*\* Hours of care are per child. (eg- Two siblings receiving two hours of care each would be counted as four hours of care.)

**PART TWO: Council Activities**

 6. Discuss council activities this quarter. Include dates of council meetings and progress

towards obtaining/maintaining membership of required representation.

**PART THREE:** Complete the following narrative questions.

7. Please briefly describe the progress made on your project this quarter and any challenges or delays experienced. If no services have been provided for the quarter and yet you will be requesting funds, please provide a brief description of your activities.

8. Provide a summary of progress towards adherence to the program model as outlined in the contract.

9. Please share a story of impact from your program.

10. If your project utilizes blended funding, please indicate the following:

 a. ICAPP funds expended this quarter:

 b. Other funds expended this quarter:

SUBMISSION INSTRUCTIONS

* Each project needs to submit a quarterly report even if there was no activity during the quarter.
* Please submit by the 15th of month following the quarter or the first business day after the 15th.
* You can submit reports by: ***Email*** to icapp@pcaiowa.org.