|  |
| --- |
| **Contract Information** |
| County/Counties |  |
| Contract Number 21- |  |
| Completed by (Name) |  |
| For Quarter Ending |  |

**PART ONE: Service Provision**

1. Report Community Development Activities. (Refer to bid proposal and executed contract to identify specific deliverables, modifying table as needed.) Year to date totals shall include services provided since the beginning of the fiscal year (July 1).

|  |  |  |
| --- | --- | --- |
| **Community Development Measures** | **Quarterly Progress** | **YTD Progress** |
| Measure 1 (provide description) |  |  |
| Measure 2 (provide description) |  |  |
| Measure 3 (provide description) |  |  |

2. Report direct service provision for child and adult-focused sexual abuse prevention programming.

|  |  |  |
| --- | --- | --- |
| Please provide the following information for your ICAPP-funded Sexual Abuse Prevention Program beginning 7/1. | **CHILDREN’S PROGRAMS** | **ADULT EDUCATION****PROGRAMS\*** |
| **Year-to-date** number of **sessions** |  |  |
| **Year-to-date** number of **unduplicated** **children** attending sessions |  |  |
| **Year-to-date** number of **unduplicated** **adults** attending sessions |  |  |

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, number 8.

\*Count adults attending adult-focused sexual abuse prevention education sessions. Do **not** include public awareness events, meeting to market or provide a summary of services, or events in which participants are not verifiable (e.g., resource fairs).

**PART TWO: Council Activities**

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

towards obtaining/maintaining membership of required representation.

**PART THREE: Quarterly Narrative**

4. 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 you will be requesting funds, please provide a brief description of your activities.

5. Provide a summary of progress towards adherence to program model fidelity, including service dosage and content.

6. Share a story of impact from your program.

7. 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 report even if there was no activity during the quarter.
* Submit by the 15th of the month following the end of the quarter (October, January, April, July) or the first business day after the 15th.
* Submit reports via email to: icapp@pcaiowa.org.