ALAMEDA COUNTY-OAKLAND COMMUNITY ACTION PARTNERSHIP (AC-OCAP)

2013 Progress Report

DATE:

TO: AC-OCAP Administering Board

AGENCY:

PROGRAM:

SUBJECT: Mid-Year (Jan –Jun) or Annual (Jan-Dec) Progress Report

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Reporting Period

☐ January - June, 2013   ☐ January - December, 2013
   (Due July 9, 2013)   **(Due January 9, 2014)**

Service Area(s)

☐ Alameda County   ☐ Oakland

Contact Information

For additional program information, please contact (Grantee's Contact Person).

Name: Address: City/State/Zip: Phone: Email:

Service Location(s) (Oakland and Alameda County)

Please provide **ALL** locations where services are being rendered (facilities name/address/city/ state/ zip code).

Summary of Program (Oakland and Alameda County)

Provide a brief summary of the AC-OCAP funded program, including key strategies employed by your program.

Customer Satisfaction Survey

Does your agency currently administer a customer satisfaction survey for the services you provide?

☐ Yes   ☐ No

Summary of Outcomes (Oakland and Alameda County)

This section must include **ALL** your contracted program outcomes and the outcomes achieved so far **(e.g. ABC agency is contracted to serve 133 youth, to date 70 (52%) youth has been served).**

ALAMEDA COUNTY

(Please number and list EACH program outcome separately)

OAKLAND

(Please number and list EACH program outcome separately)

Success Story (**Oakland and Alameda County**)

Include stories about clients that you have served and how the program was helpful to them (e.g. if the program assisted the client in moving out of poverty or finding a job, going back to school or reconnecting with family, this is particularly important).

Additional Resources (Oakland and Alameda County)

ALAMEDA COUNTY

A.) List the agencies that you have been working with in order to provide greater resources and linkages to clients. Provide a brief description of their relationship to your agency (e.g. ABC agency/ job training & placement). Please list each resource separately.

B.) If you have been able to leverage any resources via your collaborative efforts and/or networking, please indicate that: include the types of funds (monetary or in-kind) and amounts.

C.) Please include the number of volunteer hours donated to your AC-OCAP funded program, if relevant.

OAKLAND

A.) List the agencies that you have been working with in order to provide greater resources and linkages to clients. Provide a brief description of their relationship to your agency (e.g. ABC agency/ job training & placement). Please list each resource separately.

B.) If you have been able to leverage any resources via your collaborative efforts and/or networking, please indicate that: include the types of funds (monetary or in-kind) and amounts.

C.) Please include the number of volunteer hours donated to your AC-OCAP funded program, if relevant.

ALAMEDA COUNTY SERVICE AREA ONLY

Please provide information about the **unduplicated** clients served by your program during the reporting period.

_____ **TOTAL Alameda County's Unduplicated Individuals Served**

Service Area(s) for Alameda County's Unduplicated Individuals Served

Service Area(s)	# of Individuals Served
Central County (Ashland; Castro Valley; Cherryland; Fairview; Hayward; San Leandro; and, San Lorenzo)	
North County (Alameda; Albany; Emeryville; and, Piedmont)	
South County (Fremont; Newark; and, Union City)	
East County (Dublin; Livermore; Pleasanton; Sunol; and, unincorporated Tri-Valley areas)	
Unknown	
TOTAL	

ALAMEDA COUNTY SERVICE AREA ONLY

OAKLAND SERVICE AREA ONLY

Please provide information about the **unduplicated** clients served by your program during the reporting period.

_____ **TOTAL Oakland's Unduplicated Individuals Served**

Zip Codes for Oakland's Unduplicated Individuals Served

Zip Codes	# of Individuals Served
94601	
94602	
94603	
94605	
94606	
94607	
94608	
94609	
94610	
94611	
94612	
94615	
94617	
94618	
94619	
94621	
Unknown	
TOTAL	

ALAMEDA COUNTY OUTCOMES (CSD 801 Form)

Enter information about participants and outcomes achieved for your program for the reporting period.

Outcome(s) (National Performance Indicators)	Reporting Period (Mid-Year or Annual)	1 Number of participants expected to achieve outcome in reporting period.	2 Number of participants **enrolled** in program(s) in reporting period.	3 Number of participants **achieving** outcome in reporting period.	4 Percentage achieving outcome in reporting period **(3/1=4)**.
		Number of Participants			
Unemployed and obtained a job (1.1A)	**Mid-Year**	5			
	Annual	10			
Obtained skills/competencies required for employment (1.2A)	**Mid-Year**	13			
	Annual	25			

If the percentage achieving outcome in Reporting Period (Column 4) is **less than 100%** or **greater than 100% for any NPI**, please provide a written explanation below.

EXPLANATION

OAKLAND OUTCOMES (CSD 801 Form)

Enter information about participants and outcomes achieved for your program for the reporting period.

Outcome(s) (National Performance Indicators)	Reporting Period (Mid-Year or Annual)	1	2	3	4
		Number of Participants			
		Number of participants expected to achieve outcome in reporting period.	Number of participants **enrolled** in program(s) in reporting period.	Number of participants **achieving** outcome in reporting period.	Percentage achieving outcome in reporting period **(3/1=4)**.
Unemployed and obtained a job (1.1A)	**Mid-Year**	5			
	Annual	10			
Obtained skills/competencies required for employment (1.2A)	**Mid-Year**	13			
	Annual	25			

If the percentage achieving outcome in Reporting Period (Column 4) is **less than 100%** or **greater than 100% for any NPI**, please provide a written explanation below.

EXPLANATION