Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of funding awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timeframe in which you conducted activity(ies): From \_\_\_/\_\_\_/\_\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_

Applicant Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What information will be reported?**

We need to collect information about the clients/participants you provide services to, including:

1. **Demographics of participants**. Information about the parents, children, or others (such as family members) participating in your project. (\*\*See note below in Part 1)
2. **Services provided**. Information about the activities conducted and services to children, parents/caregivers, families and/or others who participated.
3. **Success and Challenges:** Information about your successes, challenges, and what you would do different next time?

**Part 1: Demographics**

**\*\*Please Note: If you are a current First 5 Solano Grantee and you are already reporting data for the target population served by this grant, you do not need to complete this section. Please complete this section if you are not a current First 5 Solano Grantee, OR if you are a current First 5 Solano Grantee serving a new target population with this grant**

**Please enter a number for each category**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Parents served\_\_\_\_\_\_\_\_\_\_\_** | | **Number of Others served (if applicable) \_\_\_\_\_\_\_\_\_\_\_** | |
| **Primary Home Language**  \_\_\_\_ English  \_\_\_\_ Spanish  \_\_\_\_ Other | **Ethnicity**  \_\_\_\_ White  \_\_\_\_ Hispanic/Latino  \_\_\_\_ African American  \_\_\_\_ Alaska Native/American Indian  \_\_\_\_ Asian/Pacific Islander  \_\_\_\_ Multi-Racial  \_\_\_\_ Other  \_\_\_\_ Unknown | **Primary Home Language**  \_\_\_\_ English  \_\_\_\_ Spanish  \_\_\_\_ Other | **Ethnicity**  \_\_\_\_ White  \_\_\_\_ Hispanic/Latino  \_\_\_\_ African American  \_\_\_\_ Alaska Native/American Indian  \_\_\_\_ Asian/Pacific Islander  \_\_\_\_ Multi-Racial  \_\_\_\_ Other  \_\_\_\_ Unknown |
| **Number of children (ages 0-5) served\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Primary Home Language**  \_\_\_\_ English  \_\_\_\_ Spanish  \_\_\_\_ Other | **Ethnicity**  \_\_\_\_ White  \_\_\_\_ Hispanic/Latino  \_\_\_\_ African American  \_\_\_\_ Alaska Native/American Indian  \_\_\_\_ Asian/Pacific Islander  \_\_\_\_ Multi-Racial  \_\_\_\_ Other  \_\_\_\_ Unknown | **Age of children served**  \_\_\_\_ 0<3  \_\_\_\_ 3-5 | **Number of children with special needs**  \_\_\_\_\_\_ |

**NOTE: The numbers in each column must equal the number served for that category**

**NOTE: The numbers in each column must equal the number served for that category.**

**Part 2: Services provided (add pages as necessary)**

1. Describe what activities you have completed for this project during this reporting period. Be sure to include specifics about the number of people served by activity(ies).
2. In what ways were you able to lift barriers to providing services to Solano County’s children ages 0-5, their families and/or providers?
3. What aspects were most successful?
4. What aspects were least successful?
5. What challenges did you experience and what would you do different next time?

**Please submit your completed Grant Activity Report no later than 30 days after the conclusion of the activity(ies). Please include any photos from these activity(ies). You can mail the Report to First 5 Solano at 3375 Sonoma Blvd. Ste 10, Vallejo CA 94590; or, email the Report to cfcsolano@solanocounty.com.**