

Department of Workforce Services – TANF Contract Annual Report Cover Sheet

ORGANIZATION

Organization/Agency: _____

Program Name: _____

Check the grant type:

- TANF RFGA Grant (11/1/14-10/31/17)
- TANF Rapid Re-Housing
- Legislative Appropriation (Crisis Nurseries, DV Shelters, Homeless Youth, etc.)
- Interagency Agreement (List agency) _____
- TANF Grant II

Contact: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

BUDGET

Total Grant Budget: _____

Current Expenditures: _____

Total # of new Full-Time Employee equivalent (FTE) paid through this grant: _____

PROGRAM SERVICES

Check the service under Purposes 1 and 2

- | | |
|---|--|
| <input type="checkbox"/> Addiction Intervention/Support | <input type="checkbox"/> Fatherhood Initiatives/Engaging Non-Custodial Parents |
| <input type="checkbox"/> Adult Mentoring/Peer Support for Job Preparation and Education | <input type="checkbox"/> Home Visiting |
| <input type="checkbox"/> Basic Technology Skills | <input type="checkbox"/> Pre-K/School Readiness |
| <input type="checkbox"/> Children's Mental Health (Children's Center only) | <input type="checkbox"/> Rural Transportation |
| <input type="checkbox"/> Domestic Violence Prevention/Victim Support | <input type="checkbox"/> Skills Training and Employment Support for Transitioning Out of Incarceration |
| <input type="checkbox"/> Employment Retention/Job Training | <input type="checkbox"/> TANF Rapid Re-Housing |
| <input type="checkbox"/> Expungement Assistance | |
| <input type="checkbox"/> Family Preservation | |

OR

Check the service under Purposes 3 and 4

- | | |
|---|--|
| <input type="checkbox"/> Abstinence and Personal Responsibility | <input type="checkbox"/> Out-of-wedlock Pregnancy Prevention |
| <input type="checkbox"/> Crisis Nurseries | <input type="checkbox"/> Parenting/Relationship Skills |
| <input type="checkbox"/> Domestic Violence Prevention/Victim Support | <input type="checkbox"/> Sexual Violence Prevention |
| <input type="checkbox"/> Financial Responsibility/Capabilities/Asset Building | <input type="checkbox"/> Youth Mentoring/Youth Development |
| <input type="checkbox"/> Homeless Youth Support | <input type="checkbox"/> Youth Internship |
| <input type="checkbox"/> Mental Health Early Intervention (DHS only) | |

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TANF Annual Report

Organization:

PROGRAM OVERVIEW

Provide a progress report of your TANF funded program and how it ties to the appropriate TANF Purpose(s). Please share with us what you've done so far and how your program is coming along.

PROGRAM OUTCOMES and DATA COLLECTION

Provide a description of your program outcome measures including all measurement tools used and methods for collecting the outcomes data.

OUTCOMES: DATA AND RESULTS

Provide a breakdown of the data collected including numbers served and all other indicators as described in your original proposal and/or scope of work.

COMMUNITY COLLABORATION

Describe partnerships or collaborations with other community partners or agencies that have resulted from this contract including your collaboration with DWS.

REFLECTION:

Tell us about what you've learned, and if there are things you anticipate changing to improve your program.

SUCCESS STORIES

We hope you are finding success! Please share a few of your success stories.