**PROGRESS REPORT**

|  |  |
| --- | --- |
| **GCIMS Funding Arrangement Number:**  |  |
| **Program:** | [ ] **CAPC** [ ] **CPNP** [ ] **AHSUNC** |
| **Progress Report:** | [ ] **July 31** [ ] **October 31** [ ] **January 31**  |
| **Fiscal Year:** |  |
| **Project Title:** |  |
| **Recipient Name:**  |  |
| **Program Consultant:** |  |
| **CGC Officer:** |  |

**PREAMBLE – PLEASE READ BEFORE COMPLETING THE PROGRESS REPORT**

In accordance with the reporting requirements in Appendix C of the Contribution Agreement, Progress Reports are due up to 3 times per fiscal year (July 31, October 31, and January 31). The Progress Report outlines the progress of planned activities, captures any issues, and actions for follow-up, and tracks related actions and resolution.

The table below asks questions about the project’s progress and provides examples of the type of information and level of detail expected for each response. All questions require both a yes/no response as well as a written response**.**

| **Question** | **YES** | **NO** | ***Example*** | **Response** |
| --- | --- | --- | --- | --- |
| 1. | **PROGRAM DELIVERY***Ability to provide quality programming that meets the needs of the community on a sustained basis.*1. **Are the project activities in the workplan on track to meet objectives and deadlines for this reporting period?**

Please address the following questions in the response:* What key activities have been completed or are underway in this reporting period?
* Is the project experiencing any challenges in completing planned activities this reporting period? Please describe.
* What plans are in place to address these challenges? Please describe.
 |  |  | *Most of the activities on the workplan were completed for this reporting period. Some activities have been delayed or adjusted but will be completed. Parent/child sessions were offered, and the schedule was adjusted based on participant feedback. We had to delay our fall parent meeting due to staff and participant illnesses. The meeting is rescheduled for February and an update will be provided in the annual report.* |  |
| 1. **Have the required reports been completed and submitted on time as per Appendix C of the Contribution Agreement (CA) to date?**
 |  |  | *Cashflow forecast and record of expenditures have been submitted on time as required by Appendix C of the CA. The 2022-23 Annual Reporting Tool was submitted late due to project closure and extreme weather conditions. It was submitted as soon as the project reopened (2 weeks late).*  |  |
| 1. **Are there any products or promising practices (resources, toolkits, partnerships) that the project would like to share? Please describe.**
 |  |  | *The project has worked with a dietitian to develop nutrition tips for families. A copy of this will be sent to our PO/PC for information.* |  |
| 2. | **FINANCIAL MANAGEMENT***Ability to demonstrate accountability, effective use of resources and adapt to new opportunities or changes.** **Is the budget on track and aligned with the planned expenses for this reporting period?**

Please address the following questions in the response:* Please describe any expenses that have been delayed.
* Are there any new activities being implemented that will impact the project budget? Please describe.
* Is the project experiencing any challenges that may impact the project budget? Please describe the challenges and plans to address them (ie, what steps are being taken to get back on track?). Challenges may include staffing issues, training needs, unforeseen events, etc.
 |  |  | *We had to delay our annual parent meeting due to staff and participant illnesses. The meeting is rescheduled for March.* *Due to COVID-19 we had to rearrange some of our spending. More funds were used to cover the costs of meal kits and grocery gift cards and less was used on travel and staff training. We have sought advice from our Program Officer or Program Consultant on how to report these changes.*  |  |
| 3. | **Staffing/Governance / Leadership***Ability to provide quality services that meet the needs of clients and the community.* * **Have there been any changes in project staff and/or governance/leadership during this reporting period?**

Please address the following questions in the response:* Has the project experienced any changes or issues with staffing such as recruitment and retention of qualified staff? Please describe how these issues have affected the ability to meet project objectives, and how these issues are being addressed.
* Have there been any changes in the governance/leadership of the project? Please describe how these changes have impacted on the ability to meet project objectives, and how these challenges are being addressed.
 |  |  | *Our organization has had high staff turnover in the past and we have created an HR plan to recruit, train and retain program staff. The coordinator resigned in October, and we are interviewing candidates. Once the coordinator position is filled, we should be able to meet all project objectives.**Our governing board is stable at the moment, but 2 members are set to retire in the next year. We have created a plan to address the vacancies and will be advertising for replacements January 2024.* |  |
| 4. | **Planning / Management***Ability to demonstrate careful planning of its operations, administration, and management.*1. **Has the project encountered any other challenges or obstacles (those not reported above) during this reporting period?**

Please address the following questions in the response:* If challenges or obstacles have been experienced during reporting period, what plans are in place to address them and manage potential impacts on the program?
* Does the project foresee any changes or issues (e.g., changes to leveraged funding, media attention, external impacts on community) that may impact the planning and management of the project during this fiscal year?
 |  |  | *Our community currently has a high number of COVID-19 and influenza cases. Parents are reluctant to bring their children to in-person programming, which has had an impact on our attendance. We have been doing phone outreach and some virtual parent sessions.* *COVID-19 has reduced the number of partners we have and their ability to assist with the project. Most notably is the redeployment of the Public Health Nurse. We are currently using volunteer nurses to fill the void.* |  |
|  | 1. **Has the project had to manage any emerging public health issues? Please describe.**
 |  |  | *Project staff have noticed fentanyl use (i.e., accidental overdoses and deaths) as an emerging public health issue. They are increasing knowledge and awareness about drug overdose risks. Also, food security issues are increasing for families due to inflation.* |  |
|  | 1. **Has the project adjusted programming to meet community needs?**
 |  |  | *Project has translated information / resources to Spanish to meet the needs of newcomers served by the site.* *Project has shifted some in-person programming to online activities to address impact of pandemic.* |  |
|  | 1. **Has the project engaged the community and participants in the planning and delivery of its programs?**
 |  |  | *We completed a community needs survey of our current participants and stakeholders to find out how to better address public health topics such as gender diversity in our programming. We also held an open house to provide information on the project and seek input on programs and services.* *We also have several past program participants volunteering at the project this fiscal year.* |  |

**I certify that I have reviewed and verified the information above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Recipient Signing Authority Signature of Recipient Signing Authority Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Program Officer/Consultant Signature of Program Officer/Consultant Date**