###### Rochester Women’s Giving Circle

**Grant Report Form**

**Submit this Report to the attention of: Community Programs Team**

**Rochester Area Community Foundation**

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| **Organization Name:** NW Community Services |
| **Program Name:** Teen Mother Parenting Education Program |
| **Contact Person who Prepared This Report:** Jane Doe |
| **Title:** Program Director |
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| **Type of Report**  **(Choose One):** | **Time Period Covered in Report:** |
| Midyear | June 1 – December 31 |
| Final X | June 1 – May 31 |

**The purpose of this report is to compare expected efforts with those actually achieved during the *time period covered in this report*. You may include additional efforts and learning, but do not omit anything that was submitted in your original Logic Model. Use additional space if needed, by inserting rows to the tables below.**

# 1. Activities

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| List all of the **activities** in your Grant Application’s Logic Model that **you expected to conduct** in the time period covered in this report. | Has the activity been completed as expected during the time period covered by this report? Explain differences and how you addressed barriers and how you plan to address them in the future. |
| Identify 40 pregnant teens | YES |
| Intake 40 potential participants | YES |
| Weekly health checks for 30 teens | YES |
| Parent classes for 30 participants | YES |
| Support groups for 30 participants | YES |
| Post-birth parenting classes for 24 teens & babies | YES |
| Post-birth support/play group for 48 weeks | NO Ability to conduct post-birth support/play group was limited for 1 month because of facility issues. Storm damage and repair made the play center unavailable. We found a nearby church where we could share space to resume the play groups. |
| Monthly home visits for 30 participants | NO Monthly home visits proved particularly challenging for one staff member. Scheduling issues with the teens, transportation time and post-visit documentation nearly doubled the planned staff time. Home visits were actually conducted on the average of every 6 weeks. For the future, we are evaluating the use of technology to improve the scheduling process and documentation requirements. |

### **Target population**

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| Identify the **target population** youdescribed in your Grant Application including numbers of people **you expected to serve** during the time period covered in this report. | Describe the **actual population** and number of **people served** during the time period covered by this report. If different from expected, explain why and share your plan to address the difference in the future. |
| We expected to serve 30 teens from the target population of 500+ teens (aged 15-19) in the city of Rochester | 40 teens were initially identified and we selected 30 participants for the program. Within 6 months, 2 teens left the program (1 teen moved out of the area and 1 teen lost her baby).  28 teens remained in the program until birth and 22 teens participated in most post-birth activities. Post-birth participation dropped due disruption in the play/support group schedule. |

1. **Outcomes and Targets**

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| List all of the **outcomes you agreed to measure** in Section 4B of your Grant Application during the time period covered in this report, along with the measures and projected levels of success. | List all of the targets/performance standards/projected levels of success you established in Section 4B of your Grant Application during the time period covered in this report. | Report on the **actual targets/performance standards/levels of success you achieved** during the time period covered in this report. Please include numbers or percentages where appropriate. |
| Increased knowledge by pregnant teens of prenatal nutrition, health & delivery | 100% of teens report increased knowledge based on baseline and 4mo. questionnaire | 100% of the 30 teens reported increased knowledge from baseline questionnaire |
| Pregnant teens maintain blood pressure, weight & healthy diets throughout 3rd trimester | 75% of teens maintain goal metrics | 76% of the 28 teens maintained goal metrics on blood pressure, weight and diet |
| Healthy, full-term babies born to pregnant teens | 90% babies born healthy & full-term | Of 29 teens whose outcome is known, 86% (25) were born healthy & full term (3 premature, and 1 miscarried) |
| Identification of developmental goal by participating teens | 100% of teens identify at least one developmental goal | 30 teens (100%) identified at least one developmental goal |
| Babies of participating teens achieve appropriate 12 month milestones for physical, motor, verbal and social development | 90% of babies achieve 12 month milestones | We were able to capture 12 month data on 22 of the 28 babies born (78%). Of the 22 babies, 20 (91%) achieved appropriate 12 month milestones as reported by our RN |
| Teen mothers make progress on their own developmental goals | 80% of teens make progress on their own developmental goals | Of the 22 participants who maintained contact with the program after 12 months , 15(68%)reported making progress on their developmental goals |

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| **Describe any differences** between what you hoped to accomplish and what you actually accomplished. Include a description of any changes you plan to make to reach your outcomes in the future.  Most short-term outcomes were achieved. Although our program statistics on healthy, full-term babies of teens is above national norms, we were slightly short of our goal. This is still the appropriate outcome metric.  The long term goal of having teens make progress on their personal development goals fell considerably short. The amount of time spent by this program’s resources may be inadequate to support teens in this area. |
| **Lessons Learned**  |  | | --- | | Were there any lessons learned over the reporting period? Think about effective program strategies program strategies, realistic outcomes and the on-going value of the project.  We clearly underestimated the time and cost of the home visits. This is an important part of our program to ensure success with the teens. We need to make the process of home visits more efficient.  The drop in teen participation after birth is cause for concern. We were disappointed by the ability to maintain contact with the teens post birth and need to look at ways to utilize technology and social media to our advantage to keep the teens actively engaged.  Teens are not making as much progress on their personal development goals. This may be the result of not having as much focused attention around this activity. It appears the teens could benefit from other support services. | |
| **FOR FINAL REPORT ONLY** |
| 5. How have /will you adjust your organization or future programs?  More technology needs to be incorporated into our program to improve efficiency in the way we perform work and capture results. Our objective will be to fund a full-time staff member and incorporate interactive technology to stay more engaged with the teens post-birth. A more aggressive look for funding has begun to address these needs.  A collaborative relationship is being sought with the Rochester ABC Agency to help teens who have personal goals to finish high school, further their education or find meaningful work. Such a relationship will reduce agency redundancy and provide greater focus for the teens |
| 6. How did the actual program revenue and expense align with the proposed program budget in your application?  Describe any significant variances and how you addressed them.  Actual performance of the program was within 3% of our $55,000 budget; however allocated salary of paid staff was actually 15% higher than budgeted due to the time required for home visits. Fortunately, we were able to offset the increase in staff time with a small grant ($1650) we received late in the year from the Family First Foundation and a reduction in miscellaneous and travel expenses. |
| 7. Will this program continue in the future? \_\_X\_\_\_\_Yes \_\_\_\_\_ No  This program is making a difference to the teen mothers who enter the program and to their children. For many it is the only source of guidance and support. |
| 8. Please comment on your ability to evaluate the sustainability of the success your clients experienced beyond the grant period  Our ability to stay in touch with participants beyond the 12 month milestone is limited, because we are no longer doing home visits and mothers phase out of the play and support groups. We are now hosting annual reunions for the teens and their children so we can continue to learn how the children and mothers are progressing. We are also using social media to try and stay connected. We are aware of many success stories where teens are finishing school and achieving other personal goals, but there is no formal mechanism to collect long term data for all participants |
| 9. Have you collected evaluations from participants? If so, please attach samples with names deleted.  Yes, see attached |