



SEMI-ANNUAL PERFORMANCE REPORT

Reporting Period: _____

Agency Name:	Contract Number:
Contact Name & Title:	Phone:
Email Address:	
Contract Start Date:	Contract End Date:

<p>1. Did you experience any noteworthy success? Identify and list possible contributing factors.</p>
<p>2. Did you encounter any unexpected difficulties or barriers? Identify and explain how they were/are being addressed.</p>

Semi-Annual Performance Report

3. What collaborative partnerships has your agency participated in that are specific to your grant?

4. Has your First 5 funded project received media coverage? Attach any print coverage if applicable.

Would you like any assistance for media coverage?

No_____.

Yes_____, specify type of assistance requested and contact the First 5 El Dorado Program Coordinator.



Client Demographics

5. How many of the following have received services from your First 5 funded project? (Double click in table to enter information)

	Number of Clients Served (Non-duplicated Count)	
	July – Dec	Jan – June
Children (0-2 years of age) served directly		
Children (3 to 5 years of age) served directly		
Expectant Mothers		
Parent(s)/Primary Caregiver/Guardian(s) of Children (0-5yrs)		
Childcare Providers		
Other Service Providers (e.g., MDs, nurses-staff development/training)		
Others - Please describe:		
Total	0	0

6. How many clients have you served from each category below? Please indicate the YTD Total number of clients served for each group. (Double click table to enter numbers.)

Ethnicity	Children ages 0-2	Children ages 3-5	Expectant Mothers	Parents/Guardians	Childcare Providers	Other Providers	Other	Total
African American/ Black								0
Asian								0
Pacific Islander								0
Caucasian/ White								0
Hispanic/ Latino								0
Native American/ American Indian								0
Multi- Ethnic (2 or more races)								0
Other								0
Unknown/ Declined								0
Total	0	0	0	0	0	0	0	0



Semi-Annual Performance Report

7. Which School District(s) in El Dorado County have been served by First 5 El Dorado? Please indicate YTD Total number of clients served for each group. If you served clients in school districts that are not listed, please include them in the open spaces at the end of the table. (Double click table to enter numbers.)

School District	Children ages 0-2	Children ages 3-5	Expectant Mothers	Parents/ Guardians	Childcare Providers	Other Providers	Others	Total
Black Oak Mine								0
Buckeye Union								0
Camino Union								0
Gold Oak Union								0
Gold Trail Union								0
Indian Diggings								0
Lake Tahoe Unified								0
Mother Lode Union								0
Pioneer Union								0
Placerville Union								0
Pdlock Pines								0
Rescue Union								0
Silver Fork								0
								0
								0
								0
Total	0	0	0	0	0	0	0	0



Semi-Annual Performance Report

8. How many children with special needs were served? First 5 California definition of special needs is based on the Individuals with Disabilities Education Act (IDEA). The 13 identified disabilities are autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, learning disability, speech or language impairment, traumatic brain injury and visual impairment.

Children with Special Needs	July – Dec	Jan – June
# of Children served with Special Needs		

9. How many children were served in the following categories by their primary language?

Language	July – Dec	Jan – June
English		
Spanish		
Other		
Unknown		

10. Please describe any Technical Assistance you would like.

Comments:

Semi-Annual Performance Report

A complete Quarterly Report consists of the following items:

- 1) Scope Of Work Progress Report – Using the identified objectives, briefly indicate the major activities that have been accomplished.
- 2) Quarterly Budget Report – Submit budget information on the approved First 5 El Dorado form.

A complete Semi-Annual Report consists of the following items:

- 1) Semi-Annual Performance Report - Briefly answer the above questions & Client Demographics.
- 2) Evaluation Report – Indicate the evaluation method utilized and the performance outcomes.
- 3) Scope Of Work Progress Report
- 4) Quarterly Budget Report
- 5) Budget Revision Request Form (optional) – Proposed modifications more than 15% per budget line item must be submitted in writing to First 5 El Dorado for approval.

Quarterly Due Dates

Report Period & Due Date	Quarterly SOW	Quarterly Budget	Semi-Annual Performance	Semi-Annual Evaluation
FY 06-07 Q3: April 27, 2007 (Jan. 1 st – March 31 st)	✓	✓		
FY 06-07 Q4: July 27, 2007 (April 1 st – June 30 th)	✓	✓	✓	✓
FY 07-08 Q1: Oct. 26, 2007 (July 1 st – Sept. 30 th)	✓	✓		
FY 07-08 Q2: Jan. 25, 2008 (Oct. 1 st – Dec. 31 st)	✓	✓	✓	✓
FY 07-08 Q3: April 25, 2008 (Jan. 1 st – March 31 st)	✓	✓		
FY 07-08 Q4: July 25, 2008 (April 1 st – June 30 th)	✓	✓	✓	✓

***NOTE *** Reports submitted after the due date may impact the timeliness of payment. Additional information may be requested at Commission discretion.

E-mail, mail or fax a copy of the completed report to:

Rick Alford
 First 5 El Dorado
 4111 Creekside Dr., Suite #B
 Shingle Springs, CA 95682
 (530) 672-9384 (tel.)
 (530) 672-8576 (fax)
 Email: ralford@pacbell.net

If you have any questions please call at your earliest convenience