CalFresh Outreach

FFY 2015

*Mid-Year Report*

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| --- |
| **CONTRACTOR:**  |
| **CONTRACT NUMBER:**  |
| **REPORTING PERIOD:** October 1, 2014 – March 31, 2015 |

**Instructions: Complete this form and e-mail it to your CDSSProgram Analyst by**

**June 12th, 2015.**

Please attach the following document(s) to this report:

[ ]  Current organization chart

[ ]  List of upcoming subcontractor site visits (only if you have subcontractors)

[ ]  Current list of subcontractors (only if you have subcontractors)

**You are not required to complete all the rows in tables one through seven below. If needed, you may add more rows.**

1. As part of your Scope of Work requirement, please list the CalFresh Outreach activities conducted by your agency and your subcontractors (if any). This includes, but is not limited to, partnering with counties and community-based organizations serving target populations to address barriers to participation, distributing outreach material, providing training and any activities designed to meet the overall goals of your CalFresh Outreach plan.

|  |  |  |
| --- | --- | --- |
|  | **Agency** | **Activities** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

1. Please list successes and promising practices for your agency and your subcontractors

(if any).

|  |  |  |
| --- | --- | --- |
|  | **Agency** | **Successes/Promising Practices** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

1. Please describe any challenges you are experiencing and its current status. If a challenge has been experienced and resolved, please note the challenge and the outcome.

|  |  |  |
| --- | --- | --- |
|  | **Challenges** | **Status/Outcome** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |   |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

**County Questions**

1. Please list the counties with which you have strong partnerships. Please describe your accomplishments (e.g., good communication, training opportunities, etc.).

|  |  |  |
| --- | --- | --- |
|  | **County** | **Accomplishments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

1. Please list the counties with which you have challenges. Please describe your challenges.

|  |  |  |
| --- | --- | --- |
|  | **County** | **Challenges** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

1. Has the list of counties where you are providing service changed? If so, please list any changes in county coverage as well as contractor(s) affected.

|  |  |  |
| --- | --- | --- |
|  | **New County Being Covered** | **Agency** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
|  | **County No Longer Covered** | **Agency**  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Prime Contractors with Subcontractors Only:**

1. Since October 1, 2014, have you lost subcontractors? If so, please list the subcontractor and the county of coverage.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Subcontractor** | **County** | **Exit Letter on File** |
| 1. |  |  | [ ] YES [ ] NO  |
| 2. |  |  | [ ] YES [ ] NO |
| 3. |  |  | [ ] YES [ ] NO |
| 4. |  |  | [ ] YES [ ] NO |