SEMI-ANNUAL PROGRESS REPORT ON PROJECTS FUNDED UNDER THE DISCRETIONARY GRANT FOR SERVICES TO OLDER REFUGEES

Grantee: **State of California** Federal Grant Number: **90RL0094**

COUNTY/CONTRACTOR: _____
State Contract/Allocation Number: _____
Person Completing Report: _____
Telephone Number: _____
Date: _____

Submit Completed Report by Due Date via Mail, Fax or Email.

Mail to: CDSS
Refugee Programs Bureau
744 P Street, MS 6-646
Sacramento, CA 95814
Fax to: (916) 654-7187
E-mail to: RPB@dss.ca.gov

Reporting Period (Check One and Enter Year)	Report Due
☐ First Semi-Annual (9/30/ – 3/31/)	April 20th
☐ Second Semi-Annual (4/01/ – 9/29/)	October 20th
☐ Final Report (9/30/200 – 9/29/200)	November 15th

Note: Please attempt to limit responses to the space provided; however, if additional space is needed for any item, you may attach a separate sheet.

1. MAJOR ACTIVITIES/ACCOMPLISHMENTS

A. List major project activities this reporting period. (Include activities begun this period, those completed since previous period and those begun in the previous period and continuing this period.)

B. Specify the types of services provided to elderly refugees and the number of persons served during the reporting period in the spaces provided. Note, particularly, those services identified as priority services under this grant: Outreach, Referral, Transportation, Translation, English and/or Civics Classes, Assistance with Citizenship Applications.

	Type of Service	# Served
(Example)	Transportation	125

C. In the space provided below, enter the unduplicated number of persons to whom services were provided during the reporting period. (If this data is unavailable, please note.)

D. Were services provided during the reporting period coordinated with the local Area Agency on Aging (AAA)? Mainstream provider(s) of services to the elderly?

☐ Yes ☐ No*	Name of local AAA:
	Contact Person/Telephone
☐ Yes ☐ No*	Name of mainstream provider(s):
	Contact Person/Telephone:

* In Item 2B, explain any problems or difficulties in coordinating services.

2. PROBLEMS
A. List any problems experienced during the reporting period. (Include actual/anticipated slippage in task completion/project implementation dates and any deviations from original project plan. Also, indicate any steps undertaken to address problems.)
B. Specify any difficulties in coordinating services with local AAAs and/or providers of services to the Elderly. Also, indicate any steps undertaken to address these difficulties.
3. DISSEMINATION ACTIVITIES: List information dissemination activities carried out during the reporting period. (Attach copies of any newspaper, newsletter, or magazine articles or other published materials considered relevant to project activities or used for project information or public relations purposes.)
4. OTHER ACTIVITIES: List any other project activities not noted earlier.
5. ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD: List major activities planned for next reporting period. (Include specific coordination activities with local AAAs and providers of services to the Elderly.)