



Program Participant Report

Please complete the Program Participant Report report for each grant which your organization receives from JFNA (Expended Critical Supports, Innovations, National Networks, and Promising Practices). This report collects the number of participants served through each JFNA grant and covers the following topics:

- The number of participants served across all grant projects
- The number of participants served in specific projects
- The number of participants served through emergency financial assistance (note, this applies only to the Expanded Critical Supports Program)

Before completing your submission, please refer to your previous report submissions to main accuracy and consistency.

For a list of useful definitions and frequently asked questions, please see the [Program Participant Report: Definitions & FAQ](#).

If you have any questions regarding this report, please reach out to your point-of-contact at the Center, or contact the Center at Aging@JewishFederations.org.

Report Dates:

<u>Quarter</u>	<u>Reporting Period</u>	<u>Report Due Date</u>
2022, Quarter 4	October 1 - December 31	January 31, 2023
2023, Quarter 1	January 1 - March 31	April 28, 2023
2023, Quarter 2	April 1 - June 30	July 31, 2023
2023, Quarter 3	July 1 - September 30	October 31, 2023
2023, Quarter 4	October 1 - December 31	January 31, 2024

Grant Information

Name of staff completing this report. *

First Name

Last Name

Email of staff completing this report. *

example@example.com

Report period for which this submission applies. *

Organization's Legal Name. *

JFNA Cohort Grant Number. *

e.g. E-16, NN-3, PR-9

Grant program for which you are completing the report. *

Expanded Critical Supports Program

Number of projects funded through your organization's grant. (Note: EFA is NOT considered a project. If your Expanded Critical Supports grant only funds EFA, please select '0' from the drop-down menu.) *

1

A project is an activity your organization is funded to implement according to your approved Stage 2 grant application. Some organizations may have one project while others may have more. Some project examples include PCTI staff training, music therapy, and case management, which would be three different projects.

Grant Participants

In the following section, please provide the number of participants served **across all projects** funded by your JFNA grant from the start of your grant to through the current report period.

Expanded Critical Supports subgrantees: this section of the report **does not** include participants of EFA grants. Please include EFA participants in the EFA section at the bottom of this form.

1. Total number of UNDUPLICATED Holocaust survivors served from the start of the grant through the current report period. *

If not applicable, write '0'

2. Total number of UNDUPLICATED older adults with a history of trauma (excluding Holocaust survivors) served from the start of the grant through the current report period. *

If not applicable, write '0'

3. Total number of UNDUPLICATED family caregivers supported from the start of the grant through the current report period. *

If not applicable, write '0'

4. Total number of UNDUPLICATED professional service providers trained from the start of the grant through the current report period. *

If not applicable, write '0'

5. Total number of UNDUPLICATED volunteers trained from the start of the grant

through the current report period. *

If not applicable, write '0'

Participants by Project

In the following section, please provide the number of participants served through **each** grant-funded project.

A project is an activity your organization is funded to implement according to your approved Stage 2 grant application. Some organizations may have one project while others may have more than ten projects. Some project examples include PCTI staff training, music therapy, and case management.

Expanded Critical Supports subgrantees: this section of the report **does not** include participants of EFA grants. Please include EFA participants in the EFA section at the bottom of this form.

Project 1

1. Project Name *

2. Please select the intended project participant type. (select all that apply) *

- ☐ Holocaust survivors
- ☐ Older adults with a history of trauma (excluding Holocaust survivors)
- ☐ Family caregivers
- ☐ Professional service providers
- ☐ Volunteers

2A. If your project serves older adults with a history of trauma (excluding Holocaust survivors) please specify the project's target demographic(s). (select

all that apply) *

- ☐ African American or Black older adults
- ☐ Asian American older adults
- ☐ First responder older adults
- ☐ Immigrant or refugee older adults
- ☐ Latin American older adults
- ☐ LGBTQ+ older adults
- ☐ American Indian, Alaska Native, Native Hawaiian older adults
- ☐ Older adult crime survivors
- ☐ Older adult disaster survivors
- ☐ Older adult domestic or sexual violence survivors
- ☐ Older adults with disabilities
- ☐ Veteran older adults
- ☐ Other

Other:

3A. Number of HOLOCAUST SURVIVORS served. *

	# of Holocaust survivors served
Anticipated unique Holocaust survivors served through this project for the entire grant period	
Actual unique Holocaust survivors served from the start of the project through the current report period	

3B. Number of OLDER ADULTS WITH A HISTORY OF TRAUMA served (excluding Holocaust survivors). *

	# of older adults with history of trauma served
Anticipated unique older adults with a history of trauma served through this project for the entire grant period	
Unique older adults with a history of trauma served from the start of the project through the current report period	

3C. Number of FAMILY CAREGIVERS supported. *

	# of family caregivers supported
Anticipated unique family caregivers supported through this project for the entire grant period	
Unique family caregivers supported from the start of the project through the current report period	

3D. Number of PROFESSIONAL SERVICE PROVIDERS trained. *

	# of professional service providers trained
Anticipated unique professional service providers trained through this project for the entire grant period	
Unique professional service providers trained from the start of the project through the current report period	

3E. Number of VOLUNTEERS trained. *

	# of volunteers trained
Anticipated unique volunteers trained through this project for the entire grant period	
Unique volunteers trained from the start of the project through the current report period	

Emergency Financial Assistance

In the table below, please record details of emergency financial assistance (EFA) provided through your organization's grant program. Note, this information can be found in the EFA Tool. *

Number of UNPULICATED Holocaust	Number of UNPULICATED older adults with a	Number of UNDUPLICATED family	Number of grants provided	Grant amount provided (in USD)

	survivors served	history of trauma served	caregivers served		
This reporting period					
From the start of your grant through the current report period					

Please upload a copy of your organization's EFA Tool with updated data for this reporting period.

Browse Files
Drag and drop files here

Thank you for completing the Program Participant Report.

Please use the 'Print' button to save a copy of this survey for your records.

After printing, please click the 'Submit' button below.

Print

Submit