

Sub-Subgrantee Programmatic Report  
National Network Program

**Purpose:** JFNA uses information from this report to learn about subgrantees' program progress and challenges, identify trends and share promising practices with aging service providers and funders, and develop training tools about aging and trauma

**1. Sub-Subgrantee Organization Name \***

**2. Program Participant Type - check all that apply. \***

- Holocaust Survivors
- Older Adults with a History of Trauma (excluding Holocaust survivors)
- Family Caregivers
- Professional Service Providers
- Volunteers
- General Public

**3. Program Goal (e.g. reduce social isolation) \***

**4. Service Provided (e.g. Current events discussion via Uniper) \***

**5. Program Progress: provide an update on program progress during this reporting period, including activities, major tasks, events conducted, and frequency of events/activities (e.g outreach to new clients). \***

**6. Challenges: provide an update on challenges during this reporting period, actions taken to address the challenges, and results (e.g. participants are hesitant to use technology; agency is new to the population being served; agency is new to PCTI care). \***

**7. How is your organization encouraging and promoting PCTI principles into your programming, the agency, or community during this reporting period? \***

Products

**8. Were any products created this reporting period? Products may include: backgrounders and fact sheets, newsletters, outreach materials, caregiver materials, evaluation instruments, sponsored conference and workshop materials, websites, webinars/training materials, audiovisuals, and any other informational resource. \***

Yes

No

**If yes, how many products were created during this reporting period?**

**9. Product Types - check all that apply**

- Backgrounder and fact sheets
- Newsletters
- Outreach materials
- Caregiver materials
- Evaluation instruments (e.g forms, surveys)
- Sponsored conference and workshop materials
- Websites/Webinars/Training Materials
- Audiovisuals

**10. Program Participants Recipient(s) of Product(s) - check all that apply.**

- Holocaust Survivors
- Older Adults with a History of Trauma (excluding Holocaust survivors)
- Family Caregivers
- Professional Service Providers
- Volunteers
- General Public

If you have any products, please attach them to the email with the completed report to your point-of-contact at your granting organization. If you are submitting any photos, you MUST submit a JFNA photo release form for each person in the photo. [Click here to access the photo release form.](#)

Press

**11. Did your organization receive any press this reporting period? Press may include print, online, television, or radio segment produced by someone outside your agency. \***

- Yes
- No

**If yes, how many products were created during this reporting period?**

If you have any press materials, please attach them to the email with the completed report to your point-of-contact at your granting organization. If you are submitting any photos, you MUST submit a JFNA photo release form for each person in the photo. [Click here to access the photo release form.](#)

Thank you for completing this report.

Please save and submit this PDF to your point-of-contact at your granting organization.