The Jewish Federations® OF NORTH AMERICA | Center on Aging and Trauma

Program Participant Report

Purpose of Program Participant Report: The Program Participant Report collects the numbers of participants in each JFNA grant-funded program. This report will cover the following topics:

- The number of participants served **to date across all program activities**
- The number of participants served **this quarter through specific projects**
- The number of participants served through **emergency financial assistance** (note, this applies only to the Expanded Critical Supports Program)

Directions: Please complete this report for each grant program through which your organization receives funding from The JFNA Center on Aging and Trauma. Programs include Innovations (Echo), Promising Practices, National Network, and Expanded Critical Supports.

Report Dates:

Innovations Echo Cohort, please use the following report periods:

Quarter Report	Period Report	Due Date
Year 2, Quarter 1	3/1/21 - 5/31/21	6/30/2021
Year 2, Quarter 2	6/1/21 - 8/31/21	9/30/2021
Year 2, Quarter 3	9/1/21 - 11/30/21	12/30/2021

Year 2, Quarter 4	12/1/21 - 2/28/22	3/31/2022

Promising Practices, National Network, and Expanded Critical Supports, please use the following report periods:

Quarter	Report Period	Report Due Date
Year 1, Quarter 1	1/1/21 - 3/31/2021	4/30/2021
Year 1, Quarter 2	4/1/21 - 6/30/21	7/30/2021
Year 1, Quarter 3	7/1/21 - 9/30/21	10/29/2021
Year 1, Quarter 4	10/1/21 - 12/31/21	1/31/2022
Year 2, Quarter 1	1/1/22 - 3/31/22	4/29/2022
Year 2, Quarter 2	4/1/22 - 6/30/22	7/29/2022
Year 2, Quarter 3	7/1/22 - 9/30/22	10/31/2022
Year 2, Quarter 4	10/1/22 - 12/31/22	1/31/2023

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

Name of staff completing report. *

First Name

Last Name

Email of staff completing report. *

example@example.com

Date on which the report is completed. *

MM-DD-YYYY

Date

Legal Agency Name *

JFNA Grant Number *

Example: E-15, PR-9, NN-3, ECS 1-2

Please select the grant program for which you are reporting. *

Please Select

How many projects are funded through your organization's grant? *

Please Select

For example, if your JFNA grant funds are used for both PCTI yoga project and a PCTI family caregiver support group, this would be two projects. For Expanded Critical Supports subgrantees, each sub-subgrantee of the Leadership Council may have one or multiple projects.

Participants of All Projects

In the following section, please provide the number of participants served from **inception to date** across **all projects** funded by your JFNA-funded grant.

For definitions of key terms, please click here: https://cdn.fedweb.org/fed-42/2/Program%2520Participant%2520Report%2520Definitions.pdf

(Note, for Expanded Critical Supports subgrantees, this does not include participants of emergency financial assistance grants).

Total number of UNDUPLICATED Holocaust survivors served to date. *

If not applicable, write '0'

Total number of UNDUPLICATED older adults with a history of trauma served to date (excluding Holocaust survivors). *

If not applicable, write '0'

Total number of UNDPLICATED family caregivers supported to date. *

If not applicable, write '0'

Total number of UNDUPLICATED professional service providers trained to date. *

If not applicable, write '0'

Total number of UNDUPLICATED volunteers trained to date. *

If not applicable, write '0'

Thank you for completing this form. Please press 'Submit' below.

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