

Project Participant Report

Sub-Subgrantee Version

Using the form below, please share insights from your grant-funded project. Data from your submission may be used to provide your organization with support and/or in aggregate in public reports. Please DO NOT include personally identifying information of service recipients (i.e., first and last name), or health-related records (i.e., copies of clinical case notes).

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

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

If you have any questions regarding the form, please reach out to your grant point-of-contact.

Report Dates:

<u>Report Quarter</u>	<u>Reporting Period</u>	<u>Report Due Date</u>
2024, Quarter 1	January 1 - March 31, 2024	April 28, 2024
2024, Quarter 2	April 1 - June 30, 2024	July 31, 2024
2024, Quarter 3	July 1 - September 30, 2024	October 31, 2024
2024, Quarter 4	October 1 - December 31, 2024	January 31, 2025
2025, Quarter 1	January 1 - March 31, 2025	April 30, 2025
2025, Quarter 2	April 1 - June 30, 2025	July 31, 2025
2025, Quarter 3	July 1 - September 30, 2025	October 31, 2025
2025, Quarter 4	October 1 - December 31, 2025	January 31, 2026
2026, Quarter 1	January 1 - March 31, 2026	April 30, 2026

Name of staff completing this report. *

First Name Last Name

Organization Information

Email of staff completing this report. *

Date on which the report is completed. *

Month Day Year

Full legal organization name. *

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

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**

Thank you for completing the Project 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.