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: This report applies to the following report periods:

Quarter	Report Period	Report Due Date
Quarter 1	1/1/21 - 3/31/2021	4/30/2021
Quarter 2	4/1/21 - 6/30/21	7/30/2021
Quarter 3	7/1/21 - 9/30/21	10/29/2021
Quarter 4	10/1/21 - 12/31/21	1/31/2022
Quarter 5	1/1/22 - 3/31/22	4/29/2022
Quarter 6	4/1/22 - 6/30/22	7/29/2022
Quarter 7	7/1/22 - 9/30/22	10/31/2022
Quarter 8	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. *

[Expanded Critical Supports Program]

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

[1]

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 is considered its own project. For example, if the Leadership Council has 5 sub-subgrantees, this would be 5 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'

Project 1

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

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. Additionally, Expanded Critical Supports subgrantees may use the linked form to collect this information from Leadership Council sub-subgrantees: https://cdn.fedweb.org/fed-42/2/Program%2520Participant%2520Report%2520for%2520Sub-Subgrantees.pdf*)*

1. Project Name *

A project name is developed by subgrantees to summarize project activities. A project name is not a grant ID, and can includes examples such as chair yoga, music therapy, mental health therapy, training, and so on.

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. If your project has more than one demographic, please select 'multiple demographics' from the list. *

Please Select

The project's target demographic is the primary participant demographic a project intends to serve. This does not require program participants to self-identify their demographic type. Rather, this refers to the demographic your organization intends to serve through the project. For example, a project participant may be a refugee who identifies as a survivor of domestic violence and as Latin American. If the intent of the project is to serve refugees, then the project's target demographic would be refugees.

3A. Number of HOLOCAUST SURVIVORS served. *

	# of Participants Served
Anticipated unique Holocaust survivors served this **quarter**	
Actual unique Holocaust survivors served this **quarter**	
Unique Holocaust survivors served **to date**	

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

	# of Participants Served
Anticipated unique older adults with a history of trauma served this **quarter**	
Actual unique older adults with a history of trauma served this **quarter**	
Unique older adults with a history of trauma served **to date**	

3C. Number of FAMILY CAREGIVERS served. *

	# of Participants Served
Anticipated unique family caregivers served this **quarter**	
Actual unique family caregivers served this **quarter**	
Unique family caregivers served **to date**	

3D. Number of PROFESSIONAL SERVICE PROVIDERS served. *

	# of Participants Served
Anticipated unique professional service providers served this **quarter**	
Actual unique p rofessional service providers served this **quarter**	
Unique professional service providers served **to date**	

3E. Number of VOLUNTEERS served. *

	# of Participants Served
Anticipated unique volunteers served this **quarter**	
Actual unique volunteers served this **quarter**	
Unique volunteers served **to date**	

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 survivors served	Number of UNPULICATED older adults with a history of trauma served	Number of grants provided	Total grant amount provided
This Reporting Quarter				
To Date				

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 this form. Please press 'Submit' below.

Print   Save   Submit