CAC NAME:	
This report is being submitted for the timeframe:	☐ 1st Half - July through December (Due Jan 15) ☐ 2nd Half - January through June (Due July 15)

CAC Specific Information

Organization Name	
Organization Address	
City, State, Zip	
Contract #:	
Primary Contact for this Report:	
Primary Phone:	
Primary Email:	
Secondary Contact for this Report:	
Secondary Phone:	
Secondary Email:	
Organization Type:	☐ Stand-alone ☐ Co-Located
If co-located, list co-located organizations here:	Click here to enter
Total CAC Budget:	

Staff Development & Continuous Improvement

# of staff who received training during this reporting period	
Accredition standards you improved upon during this last reporting period (check all that apply) *click for definitions*	☐ Standard 1 ☐ Standard 2 ☐ Standard 3 ☐ Standard 4 ☐ Standard 5 ☐ Standard 6 ☐ Standard 7 ☐ Standard 8 ☐ Standard 9 ☐ Standard 10
Please describe any improvements you made at your CAC during this last reporting period:	Click here to enter
During this reporting period, your number of clients served:	☐ INCREASED ☐ DECREASED

Other Information

Interagency Agreement/MOU that includes Native American Communities:	☐ YES ☐ NO		
Other services provided by CAC for children:	☐ Case Management/Coordination ☐ Prevention ☐ Other (please describe:		Click here to enter
Other services provided by CAC for adults:	☐ Case Management/Coordination ☐ Prevention ☐ Other (please describe:		Click here to enter
Other services provided by CAC *(refers to services provided to indivdiuals who were not at the CAC):*	☐ Case Management/Coordination ☐ Prevention ☐ Other (please describe:		Click here to enter

DCYF Budget Spend-Down Plan

Total DCYF Allocation	Click here to enter
Amount Remaining	Click here to enter
Brief description of your plans for fully expending remaining funds by end of grant period:	Click here to enter

Suspected/Reported Disabilities by Type *Click for definitions*

☐ Legally Blind ☐ Down's Syndrome
☐ Legally Deaf ☐ Autism
☐ Speech Delay ☐ ADHD
☐ Other (please describe:) Click here to enter

Outcomes Reporting & Narrative

Please refer to your Capacity Grant contract, Exhibit B: Statement of Work, Item 3. This will show the measurable outcome(s) you must report on. Please provide an update on your progress toward stated goals and submit supporting documentation as appropriate.

Goal One:	Click here to enter
Indicators of Progress:	Click here to enter
Goal Two:	Click here to enter
Indicators of Progress:	Click here to enter
Goal Three:	Click here to enter
Indicators of Progress:	Click here to enter