

**COMMUNITY ADOLESCENT PREGNANCY PREVENTION PROGRAM
 QUARTERLY PROGRESS REPORT – FY 09**

PROVIDER:	REGION	CONTRACT #:
Contact Information (include email and phone) Fiscal Agent: Program Manager:		Dates Covered: ____ July-Sept, 2008 (due 10/15) ____ Oct-Dec, 2008 (due 1/15) ____ Jan-Mar, 2009 (due 4/15) ____ Apr-June, 2009 (due 7/15)
Please list all subgrantees/collaborators receiving CAPP funding, if applicable.		

Narrative Description: (Additional pages may be added.)

Component/Goal 1:

1. Please describe your participation in APP Coalition activities related to the development of a *BDI logic model*, and conducting needs and resource assessments.
2. List dates of APP Coalition and related meetings attended.
3. Describe steps taken to review and assess potential science-based curricula, curricula chosen, date implemented, and site(s).
4. Provide documentation of letters of agreement from chosen sites.

Component/Goal 2: Describe your activities related to **nonsexual risk and protective factor** program strategies. (list activities of each subgrantee, if applicable)

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Component/Goal 3: Describe your activities related to **increase access to family planning. (list activities of each subgrantee, if applicable)**

Component/Goal 4: Describe your activities related to **non-curricular program strategies that address sexual risk and protective factors. (list activities of each subgrantee, if applicable)**

Describe number and characteristics of persons receiving direct services by type of service, (include race, sex, age, geographic location, and other demographic information collected.)

Describe indirect services by target group and estimate number of people impacted (i.e. newspaper subscribers, radio audience.).

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List of materials developed for use in this quarter of the project, e.g., brochures, mailings, and media. Include a copy or sample of all materials developed (may be under separate cover if necessary for mailing).

Describe any barriers experienced and how they were solved; any revision (i.e. adaptation of curriculum) made in project methods, activities or timeline.

Describe any future technical assistance needed from FutureNet.
(i.e. BDI logic model training, evaluation training, etc.)

Please include any other information you would like us to know that is not captured in the quarterly report.

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PLEASE COMPLETE THE FOLLOWING PERFORMANCE REVIEW DATA AND SUBMIT AS PART OF YOUR PROGRESS REPORT.

Performance Measures (List for each subgrantee, if applicable)	1st Qtr July-Sept	2nd Qtr Oct-Dec	3rd Qtr Jan-Mar	4th Qtr Apr-June	TOTAL