

Children’s Board of Hillsborough County
FY 2021 Provider Contract Report

Provider Instructions: Complete this report to reflect activities during the checked report period and submit to your contract manager prior to the time of the appropriate quarterly meeting. Thank You.

Agency Name: Report Date:
Contract/Program Name:
Report Period:
Q1: Oct. – Dec. (Due Feb 1) Q2: Jan.- March (Due May 1)
Q3: Apr.- June (Due Aug 1) Q4: July – Sep. (Due Nov 15)
Program Service Type (Refer to Contract Matrix):
Virtual Alternate
No-change/In-person Hybrid (percent of in-person activity =) (percent of virtual activity =) Total = 100

PERSONNEL

1. List changes to the organization’s executive staff and positions directly related to this contract.

Table with 3 columns: Name, Position, Employment End Date, Hire/Start Date or Position Change Date

- 2. Briefly describe progress on start-up activities, implementation plan or quality assurance efforts.
3. Describe community activities/outreach efforts and how CBHC support was noted.
4. List the primary referral source(s) & explain any difficulties/barriers with referrals.
5. Please briefly describe participant engagement and retention practices and activities.
6. Is the service level (check one) Under Capacity At Service Capacity Above Capacity
7. Is there a waiting list for services: Yes No
If yes, why
By approximately how many participants?
How long is the waiting period?
What resolutions are being made to address waiting list?
How are you engaging families in services/activities to try and meet their needs while they are waiting for services?
8. Describe how the program used participant/consumer feedback or satisfaction survey results to improve services.
9. Describe how you are following best practice standards (model fidelity, evaluation, tracking progress) and how you have documented challenges or adaptations made.
10. Describe the results of financial sustainability activities where the Program or Agency applied for or secured new funding outside CBHC (e.g. grant applications/awards, new funds received, donations, etc.).
11. If applicable, provide a copy of reports by other funders, regulatory and/or accreditation agencies regarding this program or the agency.

- 12. Provide a brief summary of Agency Board Minutes where CBHC funding is discussed.
- 13. Describe the follow-up to any critical/significant incidents (agency-wide or program specific).
- 14. Is there specific assistance you are requesting from the Children’s Board to help achieve program outcomes or deliverables at this time?
- 15. What is one thing that works well between your program and the CBHC? Describe one thing that can be improved.
- 16. Collaboration:
 - a. If a lead agent, briefly update collaborative specific activities and how coordination is addressed across subcontractors and status of Lead Agency reviews of subcontractors.
 - b. If applicable, provide updates on activities with vendors or community partnerships.

17. The Children’s Board of Hillsborough County is interested in capturing the broader reach of your program by collecting information on the total number of participants you serve beyond those with reported demographics.

If applicable, please list the total number of participants served (**not including those entered in Children’s Board Analytical Tracking System - CATS**), the total number connected with through outreach and a brief description of who received these services and the activities they were provided.

	# of individuals (Not including those entered in CATS)	Target population and activities
Total number of unduplicated individuals served this quarter		
Total number of unduplicated individuals served year to date (YTD)		
Total number of individuals connected with through outreach efforts this quarter		
Total number of individuals connected with through outreach efforts YTD		

Submitted by

Print/Type Name:

Signature: