

State of Alaska/DHSS/Division of Senior & Disabilities Services
Nutrition, Transportation, & Support Services
Biannual Progress Report & Performance Measures FY 19-21

Instructions: check the box for Yes or No and click on the shaded boxes to fill in the text.

Provider: _____ **Grant # 607-309-**_____

Reports are due in GEMS **January 30 and July 30th**

Yes or No answers alone are insufficient.

Period 1st (7/1-12/31) Progress Report **only**
 2nd (7/1-6/30) Progress Report **and** Outcomes and Performance Measures

Prepared by _____ **Phone** _____ **Email** _____

I hereby certify that I have reviewed this report and compared it against project records to assure that all data and information are correct.

Authorized Print Name _____ Date _____ Email _____

Signature _____

(Authorized Name must be the supervisor of person preparing this report (e.g. executive director or board president) and cannot be the preparer.

NTS Goal: Older Alaskans will maintain quality of life in a safe environment, in their community of choice

Outcomes:

- ❖ Older Alaskans report services maintain or increase their quality of life, and enhances their ability to age safely in place,
- ❖ Older Alaskans rate services as good to excellent,
- ❖ Services are targeted to consumers that indicate social, functional, and/or economic needs,
- ❖ Providers manage grants responsibly and services are effective and efficient.

Progress Report

1. Did the program have its intended effects? Yes No

Describe for this period how you met the grant project goal and outcomes; include how you ensure service delivery to target population.

2. Did the program have any unintended consequences (positive or negative)? Unintended consequences are results or outcomes that are not the outcomes intended by a purposeful planned action. Yes No

3. Did the program meet or exceed expectations? Yes No

Describe how your service delivery is (or is not) progressing as expected based on Planned Services & Expenditures, timely and complete reporting, active participation in quarterly teleconference meetings, etc.

4. Did the program demonstrate benefits to consumers? Yes No

Describe how your services enhanced the independence of one or more of your consumers.

5. Did the program solicit consumer input on services? Yes No

Describe and identify any activities undertaken this period to collect and respond to feedback from consumers such as written satisfaction survey, ongoing solicitation of input e.g., suggestion box, advisory groups, talking circles, or other methods.

Describe results and actions that were taken based on findings.

6. Do you foresee a need for a wait list for services? Yes No

If yes, why?

7. Was staff training provided this period? Yes No

If yes, please list the topics the topics and number of times it occurred.

If the training occurred in another community, please list the community

Provider

Performance Measures for Results Based Accountability (RBA)

Instructions: This information is due with the Final Report by July 30th

Effectiveness Performance Measures

Number of individuals that receive services _____

Efficiency Performance Measure

Grant expenditure per individual _____

Complete the following:

1. **Number** of unduplicated individuals who receive services (does not include I & A and Outreach) _____
2. **Number** of individuals that returned survey _____ **Percent** _____ (#2/#1)
3. **Number** of survey responses that report services help maintain or increase quality of life and ability to age safely in place. _____ **Percent** _____ (#3/#2)
4. **Number** of individuals who rate services good to excellent _____ **Percent** _____ (#4/#2)
5. **Number** of consumers that meet definition of target population _____ **Percent** _____ (#5/#1)
6. **Grant expenditure** per individual \$ _____ (Grant Award/#1)