

County Agent ANNUAL REPORT

STATE FISCAL YEAR 2004-2005
DUE DATES: JULY 30, 2004 & JULY 30, 2005



COUNTY:

CONTACT PERSON:

STREET ADDRESS:

CITY/ STATE/ ZIP:

PHONE:

FAX:

E-MAIL:

ASSURANCE

I certify that all information in this document is accurate and true to the best of my knowledge, and that all grants awarded from Ohio Children's Trust Fund monies have supported only primary and secondary child abuse/ neglect prevention efforts, were not targeted to families or individuals case managed by the public children services agency, and were not used to supplant existing funding. I further assure that this Local Prevention Advisory Board/ Family & Children First Council has adhered to all other provisions outlined in the current Ohio Children's Trust Fund Biennial State Plan.

Printed Name of Board/ Council Chair

Signature of Board/ Council Chair

Date

COUNTY:

GRANTEE:

TOTAL OCTF FUNDS EXPENDED BY GRANTEE = \$ = % OF TOTAL AWARD

DELIVERABLE:

UNIT OF SERVICE:

If Trust Fund monies constitute only 25% of the TOTAL program budget, then list only 25% of the total number *planned to be served* and 25% of the number *actually served* in the program.

SERVICE UNITS *PLANNED* WITH OCTF FUNDING =

SERVICE UNITS *ACTUALLY PROVIDED* WITH OCTF FUNDING =

DESIRED OUTCOME(S) FOR EACH INDIVIDUAL RECEIVING THIS SERVICE:

WHAT WERE THE AGGREGATE RESULTS OF MEASURING THE ABOVE INDIVIDUAL OUTCOME(S)?

HOW WAS CUSTOMER SATISFACTION DETERMINED?

DESCRIBE RESULTS OF THE SATISFACTION MEASURE:

*****COMPLETE THE ABOVE REPORT FOR EACH DELIVERABLE*****

PROVIDED BY EACH GRANTEE

NARRATIVE: OVERALL IMPACT OF COUNTY PLAN

DISCUSS THE OVERALL IMPACT YOUR SFY 2004-2005 LOCAL ALLOCATION PLAN HAD ON PREVENTING CHILD ABUSE & NEGLECT IN YOUR COUNTY.

Submit to
The Ohio Children-s Trust Fund
255 East Main Street-3rd floor
Columbus, OH 43215-5222