Grantee Input Screens (IGAM) Used During Pilot

**Direct Services**

Introduction Page

This report asks you about your project's direct services to children, parents, or their family members and/or providers. If you also provided organizational support and/or systems change, please limit your answers to this form to your direct service work only.

If you have any questions, please click "contact us" in the upper right hand corner.

Please respond to this report as it pertains only to the grant contract below, for the months of July-December 2012.

Project Title

Grant or Contract #

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**Funding Distribution**

In the Organization and Geographical Information Form, you selected the Supervisory District where your program provided services in July-December 2012. Estimate what percentage of the Direct Services First LA funding was used for services in each supervisory district. You can find a map of supervisory district lines here.

- Supervisory District 1: 0
- Supervisory District 2: 0
- Supervisory District 3: 0
- Supervisory District 4: 0
- Supervisory District 5: 0

Click on the calculator to add the fields. Please total should be 100%.
About Your Program

Your Program Officer has selected between 1 to 5 service types that best match the services your organization provides to First 5 LA participants. Click here to read definitions. For each service type, please:
1. Provide a 1-2 sentence description of the services your organization provides.
2. Include how many unduplicated clients received each of the services (if clients received more than one type of service, count them once in each service they received).
3. Enter the AVERAGE number of hours of services EACH client received during this six month period.

* Service Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children 0-5 Who Received Service</th>
<th>Parents Who Received Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Family Members Who Received Service</th>
<th>Providers Who Received Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Average Duration of Service in Hours per Participant

The average duration of service is the average amount of time each participant received the direct services from your organization in July – December 2012. For example, if in the last six months half of the participants got 10 hours of services while the other half of the participants got 2 hours of services, then take the average (10+2)/2=6 hours per participant.

<table>
<thead>
<tr>
<th>Average Duration of Service in Hours per Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

About Your Program con’t (1)

About Your Program con’t (1)

About Your Program con’t (1)
About Your Program con’t (2)

People Served

7. What is the total UNDuplicated number of clients per category (i.e., children, parents, other family members and providers) served by this investment in July-December 2012?

Find definitions of the populations here.

- Children Served: 
- Parents Served: 
- Providers Served: 
- Other Family Members Served: 

* Required before final submission
Children Served

5. Total Children 0-1 Served by Age in July-December 2012
   The total should equal the number of children entered in question 7.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 1</td>
<td></td>
</tr>
<tr>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>2 Years</td>
<td></td>
</tr>
<tr>
<td>3 Years</td>
<td></td>
</tr>
<tr>
<td>4 Years</td>
<td></td>
</tr>
<tr>
<td>5 Years</td>
<td></td>
</tr>
<tr>
<td>Unknown Age</td>
<td></td>
</tr>
</tbody>
</table>

Click calculator to get total.
This should match the total number of children in questions 7, 8 and 10.

Children Served con’t (1)

6. Total Number of Children Served by Race/Ethnicity in July-December 2012
   The total should equal the number of children entered in question 9.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Native or American Indian</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
</tr>
<tr>
<td>Other Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
<td></td>
</tr>
</tbody>
</table>

Click calculator to get total.
This should match the total number of children in questions 7, 8 and 11.

Children Served con’t (2)

7. Total Number of Children Served by Primary Language Spoken at Home in July-December 2012
   The total should equal the number of children entered in question 9.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Hawaiian</td>
<td></td>
</tr>
<tr>
<td>Tagalog</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown Language</td>
<td></td>
</tr>
</tbody>
</table>

Click calculator to get total.
This should match the total number of children in questions 7, 8 and 12.
Parents Served

11. Total Number of Parents Served by Race/Ethnicity in July-December 2012
   The total should equal the number of parents entered in question 7.
   - Asian
   - Black/African American
   - Latino
   - Pacific Islander
   - White
   - Multiracial
   - Other Race/Ethnicity
   - Unknown Race/Ethnicity

   Click calculator to get totals.
   Total should match the total number of parents in questions 7 and 22.

Parents Served con’t

12. Total Parents Served by Primary Language Spoken at Home in July-December 2012
    The total should equal the number of parents entered in question 2.
    - English
    - Spanish
    - Cantonese
    - Mandarin
    - Korean
    - Vietnamese
    - Tagalog
    - Hebrew
    - Other Language
    - Unknown Language

    Click calculator to get total.
    Total should match the total number of parents in questions 7 and 22.
Providers Served

<table>
<thead>
<tr>
<th>Providers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Required before final submission</td>
</tr>
<tr>
<td>13. Total Number of Providers Served by Race/Ethnicity in July-December 2012</td>
</tr>
<tr>
<td>The total should equal the number of providers entered in question 7.</td>
</tr>
<tr>
<td>Alaska Native or American Indian</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Black/African American</td>
</tr>
<tr>
<td>Latino</td>
</tr>
<tr>
<td>Pacific Islander</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Multiracial</td>
</tr>
<tr>
<td>Other Race/Ethnicity</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
</tr>
<tr>
<td>Click calculator to get total.</td>
</tr>
<tr>
<td>Total should match the total number of providers in questions 7 and 16.</td>
</tr>
</tbody>
</table>

Providers Served con’t

<table>
<thead>
<tr>
<th>Providers Served con’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Total Number of Providers Served by Primary Language Spoken at Home in July-December 2012</td>
</tr>
<tr>
<td>The total should equal the number of providers entered in question 7.</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Spanish</td>
</tr>
<tr>
<td>Cantonese</td>
</tr>
<tr>
<td>Mandarin</td>
</tr>
<tr>
<td>Korean</td>
</tr>
<tr>
<td>Vietnamese</td>
</tr>
<tr>
<td>Hmong</td>
</tr>
<tr>
<td>Tagalog</td>
</tr>
<tr>
<td>Other Languages</td>
</tr>
<tr>
<td>Unknown Language</td>
</tr>
<tr>
<td>Click calculator to get total.</td>
</tr>
<tr>
<td>Total should match the total number of providers in questions 7 and 12.</td>
</tr>
</tbody>
</table>
Narrative

14. What are your organization’s three most significant accomplishments made as a result of this Direct Service investment in July-December 2017? For each of the three accomplishments please include the following information:
   a. Who were involved?
   b. What was accomplished?
   c. Why was this significant?
   d. Were there any unusual or unique obstacles to success?
   e. Did you receive any recognition for this accomplishment? If yes, please describe.
   f. Where applicable/Please share at least one example of how this project affected a system, organizational or policy change that aims to positively impact the lives of young children and families.

16. What was your organization’s most significant challenge in implementing this Direct Service investment in July-December 2017?

17. What strategies were used to address this challenge?

Attachments

Upload a spreadsheet containing the addresses of which your program’s services were provided (including the address of your own organization). Addresses should be included for all offices where staff provide services or from which staff depart to provide services. For example, in a home visitation program, the central or satellite office address should be used. NOT the home addresses of clients.

You can download the address for templates here.

Please upload the documents requested by your Program Officer using the title Program Officer Request 1 through 5. Order does not matter. If no additional documents were requested, skip this step.

Upload

The maximum size for all attachments combined is 35 MB. Please note that files with certain extensions (such as “xls”, “csv”, “xlsb”, or “xlsx”) cannot be uploaded.

Title: Address List (Required)
File Name: [File Name]
Organization and Geographical Data

About your Organization

Area Your Program Serves
Funding Distribution

Verification
Organizational Support

Introduction Page

This report asks you about your project's support to organizations, including your own organization. If you also provided direct services and/or systems change, please limit your answers in this form to your organizational support work only.

If you have any questions, please click "contact us" in the upper right hand corner.

Please respond to this report as it pertains only to the grant/contract below, for the months of July-December 2012:

Project Title

Grant or Contract #

Funding Distribution

1. In the Organization and Geographical Information Form, you selected the Supervisory Districts where your program provided services in July-December 2012. Estimate the FEDERATED of the Organizational Support First 5 LA funding that was used for services in each supervisory district. You can find a map of supervisory districts here.

- Supervisory District 1
  Do not enter a % sign.

- Supervisory District 2
  Do not enter a % sign.

- Supervisory District 3
  Do not enter a % sign.

- Supervisory District 4
  Do not enter a % sign.

- Supervisory District 5
  Do not enter a % sign.

Click on the calculator to add the fields. The total should be 100%.
Organizations Served

Organizations Served con’t
Support Received

What are the supports these organizations received?

1. Count the number of organizations, by the type of support they received (including self, if applicable).

   - Funding
     Money provided to help support activities and/or services. This would include each contractor who provided services to services.
     Describe Purpose of Funding

   - Capacity Building
     Forming the infrastructure, skills, and resources of an organization to better provide services.

   - Training
     Education or instruction that improves staff’s ability to perform the duties of their jobs.

   - Partnership Development
     Establishing the relationship for and/or working cooperatively with entities to provide services to clients or accomplish another goal in a more comprehensive or collaborative manner.

   - Evaluation
     A diagnosis or study of the nature, quality, importance, extent, or condition of something.

   - Other (Describe)
     Describe Other

Support Received con’t

1. AVERAGE number of hours of support EACH organization received (inclusive).

   - The average number of hours is the average amount of time each organization received the organization support services from your organization in July - December 2012. For example, if in the last six months half of the organizations got 15 hours of services while the other half of the organizations got 6 hours of services, then take the average (10+(0+15)/2=8.5 hours per organization)

   - Capacity Building
   - Training
   - Partnership Development
   - Evaluation
   - Other

Community Investment Grants ONLY

6. How much money was your organization able to leverage against First 5 LA’s Organizational Support investment July - December 2012?

   - Leverage can be described as the ability to influence a system or environment in a way that multiplex the outcome of efforts without a corresponding increase in the consumption of resources. Leverage is an advantageous condition of having a relatively small amount of cost for a relatively high level of return. Leverage can involve financial assets and other private resources, or it can be more intangible, such as leveraging social capital or strategic advantages. In a sense, leverage is the application of limited resources to a tactic intended to create expanded resources. Leverage is often referred to as resource multiplication, since it often involves the "magnification" of both real and non-real resources to implement programs and strategies.
Narrative

Attachments
**Systems Change**

**Introduction Page**

Funding Distributions
Questions

1. Which of the following systems have you or your organization worked to change or improve using funding from June 1, 2020 to July 31, 2021? Choose all that apply:
   - Domestic violence
   - Child care access and services
   - Child welfare (physical abuse and neglect)
   - Early childhood education access (e.g., preschool) and services
   - Early care and educational development
   - Early identification and services
   - General resources and referral
   - Health care access and services
   - Housing and support services
   - Mental health access and services
   - Nutrition and food access and services
   - Obesity prevention
   - Oral health access and services
   - Parenting education and support
   - Health center and services
   - Substance abuse treatment/reduction
   - Other

   If you selected Other, please describe:

2. What did your organization do to change the system? Choose all that apply:

3. At what level did your organization seek to make a change? Choose all that apply:
   - Federal
   - Statewide
   - Countywide
   - City
   - Community
   - Organization

4. What are your organization's three most significant accomplishments as a result of this system change investment in June 2020 to July 31, 2021? For each of the three accomplishments, please include the following information:
   a. Description
   b. What was accomplished?
   c. How this has impacted?
   d. Were there any external/unique obstacles to overcome?
   e. Did you receive any recognition for this accomplishment? If yes, please describe.
   f. Please share at least one example of how this project affected a system, organizational, or policy change that aims to positively impact the lives of young children and families.

Questions con’t(1)
Questions con’t(2)

6. What was your most significant challenge in implementing this systems change investment in July-December 2012?

7. What strategies have been used to address this challenge?

Attachments

Please upload the documents requested by your Program Officer using the upload name Program Officer Request 1 through 5. Order does not matter. If no additional documents were requested, skip this step.

Upload
The maximum size for all attachments combined is 20 MB. Please note that files with certain extensions (such as .exe, .com, .vba, or .bat) cannot be uploaded.

Title: Program Officer Request 1
File Name: Choose File
No file chosen

Save & Finish Later  Sieve & Submit