

Welcome!

Thank you for completing First 5 LA's Annual Reporting Survey for FY 19-20!

Please complete all information for the period <u>July 1, 2019- June 30, 2020</u>, even if your grant agreement or contract runs for a different period.

If you have multiple contracts with First 5 LA, you will need to <u>submit a separate survey for</u> <u>each contract/grant.</u>

First 5 LA will use this data to:

- 1) Understand the various types of services being offered by our grantees,
- 2) Understand where in LA County those services are occurring,
- 3) Understand who is receiving services offered by our grantees, and
- 4) Report our activities to the First 5 California Commission.

All surveys are due no later than **August 31, 2020** If you have any questions, please contact your program officer at First 5 LA.

Thank you!



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

Organization Type and Geographic Target Area

* 1. What is the grant/contract **<u>number</u>** and **<u>name</u>** of program for which you are completing this report?

* 2. Which best describes your organization?

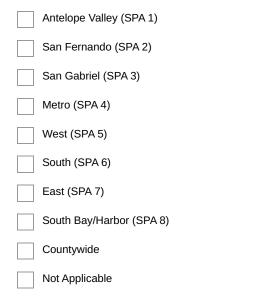
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* 3. Which Supervisorial District(s) were served by this project? Please check all that apply.

District 1
District 2
District 3
District 4
District 5
Countywide
Not Applicable

For reference, see map here.

* 4. Which Service Planning Area(s) were served by this project? <u>Please check all that apply</u>. For reference, <u>see map here.</u>



* 5. Which Best Start geographie(s) were served by this project? <u>Please check all that apply.</u> For reference, see map here

For reference, <u>see map nere.</u>
Central Long Beach
Compton-East Compton
East LA
Lancaster
Metro LA
Pacoima/Northeast Valley
Palmdale
Panorama/Panorama City
South East LA
South El Monte-El Monte
South LA/Broadway-Manchester
South LA/West Athens
Watts-Willowbrook
Wilmington
Countywide
None



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

* 6. How many **unduplicated Children 0-5 years** were served by this investment from July 1, 2019 - June 30, 2020?

If your program did not serve Children 0 to 5 years, enter 0.

* 7. How many **<u>unduplicated Parents/Guardians/Pregnant Women</u>** were served by this investment from July 1, 2019 - June 30, 2020?

If your program did not serve Parents/Guardians/Pregnant Women, enter 0.

- * 8. How many **unduplicated Other Family Members (includes older siblings)** were served by this investment from July 1, 2019 June 30, 2020? If your program did not serve Other Family Members, enter 0.
- * 9. How many **unduplicated Providers** were served by this investment from July 1, 2019 June 30, 2020? *If your program did not serve Providers, enter 0.*



* 10. How many **unduplicated** <u>children 0-5</u> by "age" categories below were served by this investment from July 1, 2019 - June 30, 2020?

(Total across all categories MUST equal <u>{{ Q6 }}</u>). Information must be entered for <u>each cell</u>. If your program did not serve a given age group, enter 0.

Birth to 1st Birthday	
1 to 2nd Birthday	
2 to 3rd Birthday	
3 to 4th Birthday	
4 to 5th Birthday	
5 to 6th birthday	
Unknown	

* 11. How many **unduplicated** <u>children 0-5</u> by "race/ethnicity" categories below were served by this investment from July 1, 2019 - June 30, 2020?

(**Total across all categories MUST equal** *{{ Q6 }}*). Information must be entered for <u>each cell</u>. If your program did not serve a given race/ethnicity enter 0.

American Indian/ Alaskan	
Native	
Asian	
Black/ African American	
Latino/ Hispanic	
Pacific Islander	
White	
Multiracial	
Other	
Unknown	

* 12. How many **unduplicated** <u>children 0-5</u> by "primary language spoken at home" categories below were served by this investment from July 1, 2019 - June 30, 2020?

(**Total across all categories MUST equal <u>{</u>{Q6**}}}). Information must be entered for <u>each cell</u>. If your program did not serve a given primary language, enter 0.

English	
Spanish	
Cantonese	
Mandarin	
Vietnamese	
Korean	
Hmong	
Tagalog	
Other	
Unknown	



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

* 13. How many **unduplicated** <u>parents/guardians/pregnant women</u> by "race/ethnicity" categories below were served by this investment from July 1, 2019 - June 30, 2020?

(Total across all categories MUST equal <u>{{ Q7 }}</u>). Information must entered for <u>each cell</u>. If your program did not serve a given race/ethnicity, enter 0.

American Indian/ Alaskan	
Native	
Asian	
Black/ African American	
Latino/ Hispanic	
Pacific Islander	
White	
Multiracial	
Other	
Unknown	

* 14. How many unduplicated parents/guardians/pregnant women by "primary language spoken at home" categories below were served by this investment from July 1, 2019 - June 30, 2020?
(Total across all categories MUST equal {{ Q7 }}). Information must be entered for each cell. If your

program did not serve a given primary language, enter 0.

English	
Spanish	
Cantonese	
Mandarin	
Vietnamese	
Korean	
Hmong	
Tagalog	
Other	
Unknown	



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

* 15.

Please provide <u>ONE</u> success story that has occurred this fiscal year in part thanks to First 5 LA funding. Please write it as a narrative and keep it between 200-500 words in length (copying and pasting from Word is recommended). The more detail, the better, but please make sure you include the following information:

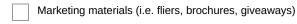
- a. Who was involved? You may change the names to protect anonymity.
- b. What was accomplished?
- c. Why was this significant?
- d. Were there any unusual/unique obstacles to overcome?
- e. How was First 5 LA funding involved?
- f. Did you receive any recognition for this accomplishment? If yes, please describe.

16. If you have link(s) you would like to include to support the success story above, please enter here:



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

17. OPTIONAL: How does your organization communicate about your First 5 LA-funded program/work? Check all that apply:



Digitally (i.e. website, Facebook, Twitter, Instagram, online newsletter)

Media pitching/Storytelling (i.e. media alerts, press releases, calendar placements)

Internal communications (i.e. internal newsletter, staff meetings, board meetings)

Other (please specify	/)	
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18. OPTIONAL: Does someone in your organization manage external communications, e.g. marketing, public relations, social media? If so, please list points of contact (name, title, email).

🔵 No or N/A

Yes; Please specify: name, title and email



First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Children, Families and Providers)

* 19. In the case we need to contact someone at your organization to clarify any of the information submitted, please provide the email address for the person completing this survey.

20. When you are finished entering information into this report and are ready to submit, please click "Yes" to confirm that the information you are submitting is accurate, and then "Submit". This will signal that you are done. Otherwise, leave this question blank and you can come back (using the same computer) to finish the report later.

Yes. The information I am submitting accurately reflects the accomplishments of this program during the period of July 1, 2019 to June 30, 2020.



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Thank you!



Organization Type and Geographic Target Area

* 1. What is the grant/contract number and name of program for which you are completing this report?

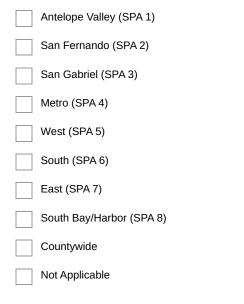
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* 2. Which best describes your organization?

* 3. Which Supervisorial District(s) were served by this project? Please check all that apply.

For reference, <u>see map here.</u>
District 1
District 2
District 3
District 4
District 5
Countywide
Not Applicable

* 4. Which Service Planning Area(s) were served by this project? <u>Please check all that apply</u>. For reference, <u>see map here.</u>



* 5. Which Best Start geographie(s) were served by this project? <u>Please check all that apply.</u> For reference, <u>see map here.</u>

Central Long Beach		
Compton-East Compton		
East LA		
Lancaster		
Metro LA		
Pacoima/Northeast Valley		
Palmdale		
Panorama/Panorama City		
South East LA		
South El Monte-El Monte		
South LA/Broadway-Manchester		
South LA/West Athens		
Watts-Willowbrook		
Wilmington		
Countywide		
None		
(17) (17) (14)		

* 6. How many <u>unduplicated providers (participants)</u> were served by this investment from July 1, 2019 -June 30, 2020? (include number of providers (participants, not organizations) who were trained or received

technical assistance through this grant)

Providers



rst 5 la

First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Providers ONLY)

First 5 LA Annual Reporting Survey FY 19-20 (Grantees Serving Providers ONLY)

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9. OPTIONAL: How does your organization communicate about your First 5 LA-funded program/work? Check all that apply:

Marketing materials (i.e. fliers, brochures, giveaways)

Digitally (i.e. website, Facebook, Twitter, Instagram, online newsletter)

Media pitching/Storytelling (i.e. media alerts, press releases, calendar placements)

Internal communications (i.e. internal newsletter, staff meetings, board meetings)

10. OPTIONAL: Does someone in your organization manage external communications, e.g. marketing, public relations, social media? If so, please list points of contact (name, title, email).

No or N/A

Yes; Please specify: name, title and email



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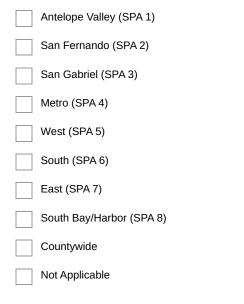
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map non	<u>.</u>
Centr	al Long Beach
Com	oton-East Compton
East	LA
Lanca	aster
Metro) LA
Paco	ima/Northeast Valley
Palm	dale
Pano	rama/Panorama City
South	n East LA
South	n El Monte-El Monte
South	n LA/Broadway-Manchester
South	n LA/West Athens
Watts	s-Willowbrook
Wilmi	ington
Coun	tywide
None	



Systems of Care Questions

* 6. Who was the primary audience for the systems-level work you provided? (e.g., preschool teachers, community leaders, policy makers, etc)
(500 characters maximum)

 * 7. What were the types of systems-level work provided? (e.g., conducted evaluation, developed and disseminated policy or communication plan, fostered strategic partnerships, etc) (500 characters maximum)

 * 8. What was the intended result of the systems-level work? What was the community impact of the service? (e.g., parents have resource directory, Spanish-speaking families have increased access to ECE services, workplaces adopt lactation accommodation policies for their employees, etc) (1,000 characters maximum)



Success Story

Please provide <u>ONE</u> success story that has occurred this fiscal year in part thanks to First 5 LA funding. Please write it as a narrative and keep it between 200-500 words in length (copying and pasting from Word is recommended). The more detail, the better, but please make sure you include the following information:

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- f. Did you receive any recognition for this accomplishment? If yes, please describe.

10. If there are links to reports, highlights, or anything else that you mentioned in the Success Story that you would like to share with First 5 LA, please include in this text box.



11. OPTIONAL: How does your organization communicate about your First 5 LA-funded program/work? Check all that apply:

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