

**Board of State and Community Corrections  
Corrections Planning and Programs Division  
California Gang Reduction, Intervention and Prevention (CalGRIP) Program  
2011/2013 Quarterly Progress Report**

**SECTION 1 – PROJECT INFORMATION**

<b>Grantee:</b> CITY OF LONG BEACH	<b>Grant Award Number:</b> GR11 04 7240
<b>Project Title:</b> LBGRIP PROJECT WORKFORCE	<b>Grant Period:</b> 01/01/2012 to 12/31/2013
<b>Prepared by:</b> TERESA GOMEZ <b>Title:</b> Project Manager	<b>Phone:</b> (562) 570- 6730
<b>Email:</b> teresa.gomez@longbeach.gov	<b>Date Submitted:</b> August 30, 2012

**Reporting Quarters**

<input checked="" type="checkbox"/> First 6 months January-June 2012	<input type="checkbox"/> Qtr 3 July-September 2012	<input type="checkbox"/> Qtr 4 October-December 2012
<input type="checkbox"/> Qtr 5 January-March 2013	<input type="checkbox"/> Qtr 6 April-June 2013	<input type="checkbox"/> Qtr 7 July-September 2013
		<input type="checkbox"/> Qtr 8 October-December 2013

**SECTION 2 – PROJECT STATUS**

**A. Expenditure Status:**

FY 2011 State Award Amount	\$ <u>250,000</u>
Amount Invoiced Year-to-Date (Sum of Quarterly Invoices)	\$ <u>0</u>
Percent of Award Invoiced to Date (Amount above ÷ Annual Award)	<u>0</u> %

In relation to the overall grant budget, are state funds being expended as planned and on schedule?  Yes  No

Are matching funds being claimed as planned?  Yes  No

If not, please explain why, and describe what expenditure plans exist for the duration of the grant period.

**B. Staffing** – Indicate whether all positions included in the application have been filled (other than those previously addressed through a formal program modification). If positions remain unfilled, what is the plan and anticipated outcome for staffing of the program? Are surplus funds anticipated due to salary savings, and what is the plan for these funds?

**All staff positions included in the application have been filled.**

**C. Problem Identification/Resolution** – Describe any problems the project has encountered during the reporting period. Consider what may be affecting project effectiveness or may have the potential of affecting program outcomes and stated goals. Examples of areas where problems of this nature may exist are program administration, service delivery, rate of referrals and participant enrollment. Indicate the steps taken to resolve any problems mentioned.

**The only set back encountered was the delay in getting notification of the award which was in late May 2012 and from there the delay in getting our City Council Approval before moving forward.**

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**D. Accomplishments and Highlights:** What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment, reaching other stated project goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)? Please include any training that staff has received this quarter.

On August 16, 2012 we hired the LBGRIP Site Coordinator and the Athletic Program Coordinator

August 24, 2012 we had our first LBGRIP 4 partner meeting to discuss the project outline, partner roles, project goal and outcomes.

We will do a full presentation on the LBGRIP 4 Grant project to the Advisory Council at the September 10<sup>th</sup> LBGRIP Advisory Council Meeting.

**E. Proposed Changes** – Describe any changes that are being proposed to improve the program within the next reporting period. (Note that some changes may require a formal Budget/Program Modification to be approved by your Program Specialist.)

N/A

**F. Activities** – Describe any significant program activities anticipated in the next reporting period (i.e., award ceremonies, graduation ceremonies, media events).

**G. Goals and Progress** – Identify the project goals and the progress associated with each goal.

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<b>SECTION 3 – TECHNICAL ASSISTANCE</b>
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To assist the project in appropriate implementation of the grant award, technical assistance can be provided at any time during the grant year.

**Technical assistance requested:**  Yes  No

Please indicate why/what type of technical assistance is needed:

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**SECTION 4 – PROJECT MEASURES**

Provide statistical information only as it pertains to your particular project. If a question does not apply, please indicate by entering "N/A". A participant should be counted in only one focus area unless the participant receives distinct, separate services in multiple areas. Attach additional pages to further clarify reported data, if needed.

**GANG PREVENTION**

- 1. Number of participants receiving services. \_\_\_\_\_
- 2. Number of participants demonstrating a change in attitude toward gang involvement. \_\_\_\_\_
- 3. Other: please explain. \_\_\_\_\_

**GANG INTERVENTION**

- 4. Number of participants receiving services. \_\_\_\_\_
- 5. Number of participants choosing to terminate gang involvement. \_\_\_\_\_
- 6. Other: please explain. \_\_\_\_\_

**RE-ENTRY**

- 7. Number of participants receiving services. \_\_\_\_\_
- 8. Number of participants demonstrating an improved ability to re-enter the community. \_\_\_\_\_
- 9. Other: please explain. \_\_\_\_\_

**EDUCATION**

- 10. Number of participants receiving services. \_\_\_\_\_
- 11. Number of participants who have demonstrated academic improvement/advancement. \_\_\_\_\_
- 12. Number of students who have demonstrated increased participation in school and school-related activities. \_\_\_\_\_
- 13. Other: please explain. \_\_\_\_\_

**JOB TRAINING/SKILLS DEVELOPMENT**

- 14. Number of participants who have received employment services. \_\_\_\_\_
- 15. Placement in employment, education, or training:
  - a. Number of participants who entered a career/technical training program. \_\_\_\_\_
  - b. Number of participants who entered a postsecondary education program. \_\_\_\_\_
  - c. Number of participants who gained unsubsidized employment. \_\_\_\_\_
  - d. Number of participants who entered an apprenticeship program. \_\_\_\_\_
  - e. Number of participants who entered customized employer-based training. \_\_\_\_\_
- 16. Certificates/Diplomas/Degrees
  - a. Number of participants who entered a career/technical training program. \_\_\_\_\_
  - b. Number of participants who entered a postsecondary education program. \_\_\_\_\_

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**JOB TRAINING/SKILLS DEVELOPMENT (Contd.)**

- 17. Number of participants who demonstrated gains in literacy/numeracy (out of school youth and basic skills deficient).. \_\_\_\_\_
- 18. Number of participants who returned to secondary school for at least two semesters (excluding youth with a high school diploma or GED). \_\_\_\_\_
- 19. Other: please explain. \_\_\_\_\_

**FAMILY/COMMUNITY SERVICES**

- 20. Number of participants receiving services. \_\_\_\_\_
- 21. Number of participants who have demonstrated social or personal improvement. \_\_\_\_\_
- 22. Number of participants who have demonstrated improved parent-child relationships. \_\_\_\_\_
- 23. Other: please explain. \_\_\_\_\_

**SUPPRESSION**

- 24. Number of documented gang members within the target area. \_\_\_\_\_
- 25. Number of arrests. \_\_\_\_\_
- 26. Number of cases referred for prosecution. \_\_\_\_\_
- 27. Other: please explain. \_\_\_\_\_

**SECTION 5 – FINAL REPORT**

Complete this section for the final reporting period only, in addition to all other sections of the Progress Report.

A. Discuss overall program effectiveness. Specifically, how have the problems identified in the application been addressed? What progress has been made in the program’s ability to provide intervention and prevention programs, and prevent or reduce gang violence in your community?

\_\_\_\_\_

B. Describe collaboration efforts with other agencies throughout the grant period.

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C. Describe efforts the project has made toward program sustainability beyond the grant period.

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D. Describe recommended program modifications/improvements should the program be replicated or continued.

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E. Describe lessons learned from the program.

Please email completed form to: [Leona.LaRochelle@cdcr.ca.gov](mailto:Leona.LaRochelle@cdcr.ca.gov)  
For questions, please call Leona LaRochelle at 916.445.4677

**For BSCC Use Only**

Date Reviewed:

Reviewed by:

Comments: