FAMEFATHERS
responsible, involved parents

To be completed by identified program manager. If not applicable, please answer N/A.

Date:

     MM DD YYYY

:   [ ] / [ ] / [ ]

Organization:

[ ]

Project Manager:

[ ]

QUANTITATIVE SNAPSHOT

Enter the number of fathers served THIS MONTH:

Fathers Served	[ ]
Fathers in Fatherhood Courses	[ ]
Direct Services	[ ]
Public Events/Outreach	[ ]
Total	[ ]

Enter the number of fathers served YEAR TO DATE:

Fathers Served	[ ]
Fathers in Fatherhood Courses	[ ]
Direct Services	[ ]
Public Events/Outreach	[ ]
Total	[ ]

PROGRAMMATIC

Describe any obstacles or barriers that you foresee endangering the implementation of your project:

[ ]

Ohio Commission on Fatherhood Monthly Grantee Performance Report

Indicate what - if any - measures you have taken to correct variances or hindrances to performance during the reporting period

EVALUATIONS

What barriers exist to your ability to collect or track various types of data?

PROGRAM GOALS

Goal 1:

Goal 2:

Goal 3:

Goal 4:

FATHERHOOD PROGRAMMING

What fatherhood curricula/courses are being offered during this month?

Curriculum/Course 1:

Curriculum/Course 2:

Curriculum/Course 3:

Curriculum/Course 4:

Curriculum/Course 5:

Total:

Ohio Commission on Fatherhood Monthly Grantee Performance Report

Enter the number of fathers in each curriculum/course:

Curriculum/Course 1:

Curriculum/Course 2:

Curriculum/Course 3:

Curriculum/Course 4:

Curriculum/Course 5:

Total:

Enter the number of graduates in each curriculum/course:

Number of Graduates of Curriculum/Course 1:

Number of Graduates of Curriculum/Course 2:

Number of Graduates of Curriculum/Course 3:

Number of Graduates of Curriculum/Course 4:

Number of Graduates of Curriculum/Course 5:

Total number of graduates:

Enter the graduation date for each curriculum/course:

	MM	DD	YYYY
Graduation Date of Curriculum/Course 1:		/	/
Graduation Date of Curriculum/Course 2:		/	/
Graduation Date of Curriculum/Course 3:		/	/
Graduation Date of Curriculum/Course 4:		/	/
Graduation Date of Curriculum/Course 5:		/	/

Overall, how many fathers has your organization served this month?

What opportunities do you offer for successful fathers who have gone through a fatherhood course or sought out your services to volunteer to help other fathers in need?

OUTREACH

What outreach initiatives have been done during this month to increase community awareness of your organization and services (i.e location, cold calls, etc.)

Has your organization made any appearances or sponsored local community events? Why or Why Not?

Please describe all outreach and marketing materials (i.e., marketing materials, brochures, newspaper articles, etc.) and attach copies.

REFERRAL SYSTEM

Where do most of your referrals come from?

How is your organization working to increase referrals?

ACCESS AND VISITATION

How many access and visitation orders were established this month?

In total, how many hours have fathers spent with their child/ren during the month after seeking your services?

CHILD SUPPORT

How is your organization continuing to build a strong partnership with the county child support offices?

How many fathers have received a child support order since seeking services this month?

Of the fathers in your program paying child support how much has been paid this month?

How many drivers licenses have been reinstated?

EMPLOYMENT

In the past month, how many fathers have been employed after seeking your services?

DRUG/ALCOHOL ABUSE

How many fathers seeking services admitted to having a drug/alcohol abuse problem?

How many fathers with a drug/alcohol abuse problem have enrolled in an assistance program?

DOMESTIC VIOLENCE

How many fathers seeking services admitted to being engaged in or victim of family violence?

How many fathers who admitted to being engaged in or victim of family violence participated in a domestic violence program?

SUBCONTRACTORS

Describe activities of subcontractors/trainers/consultants that occurred during this reporting period. If not applicable, please answer N/A.

How is your organization making sure subcontractors are complying with the requirements of OCF and ensuring data is correct this month? If not applicable, please answer N/A.

Please describe and attach copies of all documents pertaining to future events/programs including classes, workshops, conferences, symposiums, open houses, graduations, etc.

Project Manager Signature: