

**Department of Workforce Services –TANF Family Housing  
Annual Report Cover Sheet**

**ORGANIZATION**

Organization/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Person Completing this Report: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUDGET**

Total Grant Budget: \_\_\_\_\_

Current Expenditures: \_\_\_\_\_

Total # of new Full-Time Employee equivalent (FTE) paid through this grant: \_\_\_\_\_

**Department of Workforce Services – TANF Family Housing  
Annual Report**

**PROGRAM SERVICES**

**Organization:**

**PROGRAM OVERVIEW**

Provide a progress report of your TANF funded program and how it ties to the appropriate TANF Purpose(s). Please share with us what you've done so far and how your program is coming along.

**PROGRAM OUTCOMES and DATA COLLECTION**

Provide a description of your program outcome measures including all measurement tools used and methods for collecting the outcomes data.

**OUTCOMES: DATA AND RESULTS**

Provide a breakdown of the data collected including numbers served and all other indicators as described in your original proposal and/or scope of work.

**COMMUNITY COLLABORATION**

Describe partnerships or collaborations with other community partners or agencies that have resulted from this contract including your collaboration with DWS.

**REFLECTION:**

Tell us about what you've learned, and if there are things you anticipate changing to improve your program.

## **SUCCESS STORIES**

We hope you are finding success! Please share a few of your success stories.