## **RAPP Indicators**

GRANTEE NAME:			<b>Reporting Period</b>
GRANT NUMBER:			Budget Period
		_	
Program Activities	First Reporting Period	Second Reporting Period	Cumulative Fiscal Year
Number of participants enrolled:			
Number of participants enrolled identifying as "Male" excluding minor dependents:			
Number of Participants enrolled indentifying as "Female" excluding minior dependents:			
Number of Participants enrolled identifying as "Unspecified" or another gender identity excluding minor dependents:			

## Personal and Psychosocial Development Assessment

Acres of land provided for RAPP activities:

Number of training hours provided in nutrition and/or food safety for personal

Number of training hours provided in farming production techniques (e.g., agricultural produce selection, proper irrigation, harvesting, extending growing

Amount of produce cultivated (lbs.): Gross sales of produce sold by all

Number of participants and family

Number of activities aimed towards increasing psychosocial development of

Number of types of services received by the participants, not provided by RAPP

members accessing healthy and nutritious

consumption:

seasons, etc.)

participants (\$):

refugees:

grantee:

foods through farming:

At Enrollment	End-of-Year Assessment

Number of Individuals Asessed:

Using the scoring scale below, provide a mean assessment score of all clients enrolled in RAPP.

**1 - Not At All** - Client cannot complete activites in this area without assistance from the grantee.

**2 - Sometimes** - Clients can complete some activities on their own, but still require assistance from the grar tasks.

**3 - Most Of The Time** - Clients are able to complete most tasks in this area on their own, but may request o assistance from the grantee.

4 - All The Time - Clients are able to complete all activities in this area without any assistance from the grar

	At Enrollment	End-of-Year Assessment
Client has access to healthy food:		
Client understands what a healthy diet is:		
Clients are engaged in physically activity:		
Client has sufficient income to cover needs (e.g., housing, food, transportation, etc.)		
Client is engaged in the community:		
Client knows how to find answers for questions about nutrition and health:		
Client knows how to find answers for questions about gardening/farming (e.g., leasing land, zoning laws, pesticides, organic production, etc.):		
Client can navigate relevant systems (e.g., local governments, business development process, accessing benefits, etc.) without grantee intervention:		

	Semi-Annual Results	
Logic Model Outputs Progress	Months 1-6	Montl
Please list all planned <b>Outputs</b> from the Logic Model in the following spaces. Add more spaces as necessary.	Identify progress towards each Output for Months 1-6	Identify progress to for Mon

	Semi-Annual	Semi-Annual Results	
Logic Model Outcomes Progress	Months 1-6	Mont	
Please list all planned <b>Outcomes</b> from the Logic Model in the following spaces. Add more spaces as necessary.	Identify progress towards each Outcomes for Months 1-6	Identify progre Outcomes for	

OMB Control Number: 0970-0490; Expiration date: 1/31/2023

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	Cumulative	Cumulative
hs 7-12	Fiscal Year	Project Period
ss towards each r Months 7-12.	Describe progress towards each Outcome for the current fiscal year.	Describe progress towards each Outcome for the project period.

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