

Information Required	Row(s)	Description
Program Name	2	Official Title or most common name of a given program.
Program Description/Purpose	3	<p>Briefly describe and identify the primary purpose of the program. For many programs, the name of the program does not indicate what the purpose of the program is, thus the need for a brief description of the program's purpose.</p> <p>Answer the following questions about your program, using 1-2 sentences for each:</p> <p>1. What does the program do? Describe the core services or activities your program provides. Example: "Our program provides weekly group counseling sessions for middle school students showing early signs of anxiety and school avoidance."</p> <p>2. Whom does the program serve? Specify the target population (age, eligibility, risk factors, etc.). Indicate whether the program is universal (open to all) or targeted (based on risk or need). Example: "We serve youth ages 12–17 who have been referred by school counselors for behavioral concerns."</p> <p>3. What is the program trying to achieve? What changes or improvements are you aiming for in the lives of children, youth, or families? Example: "The program aims to reduce school truancy and improve emotional regulation among participants."</p> <p>4. How is the program delivered? Delivered in schools, homes, clinics, or community settings? Example: "Services are delivered by contracted therapists in school-based settings."</p>
Primary Program Service	4	Use the drop-down menu to identify the primary service provided through the program. If you don't find a service that accurately describes your program, contact Drew Porter at andrew.porter@tn.gov , to have your service added to the options.
Targeted Service Recipient	5	From the drop-down menu identify the primary targeted service recipient (Community at large, Family, Group of children, Individual child).

Primary Service Delivery Location	6	From the primary drop-down identify the PRIMARY service delivery location (Home, Community site, School, Provider's office, Residential placement, Continuum). Enter SECONDARY location as applicable and appropriate from the drop-down list.
Secondary Service Delivery Location	7	From the secondary drop-down identify the SECONDARY service delivery location (Home, Community site, School, Provider's office, Residential placement, Continuum), if applicable. If not, leave it blank.
Do any outside organizations receive funds under this program?	8	From the drop-down menu, choose Yes or No. Outside organizations would include any grants given to an outside organization using state funds.
If yes, Outside Organization(s) Description	9	Provide the name of the organization and the reason for giving them the funds.
Primary Outcome	10	Select one Outcome that best captures the intended outcomes of the program. The five outcomes capture the results that we want to achieve for all children birth to 21 in Tennessee. The outcomes are:
		1. All Children and Youth will be SAFE .
		2. All Children and Youth will be HEALTHY .
		3. All Children and Youth will be EDUCATED .
		4. All Children and Youth will be SUPPORTED and NURTURED .
		5. All Children and Youth will be ENGAGED .
		Select the Outcome most relevant to the program.
		1. Safe: support the safety and basic needs of children and families (Examples: Housing assistance, child abuse prevention/intervention, safe sleep education, suicide prevention, accident prevention, domestic violence prevention, emergency utility and rent assistance)
		2. Healthy: support physical and mental health (Examples: immunizations, substance use prevention, mental health case management, nutrition and physical activity)
		3. Educated: support education, learning, and training of children (Examples: Head Start, regular education, special education, summer reading programs, tutoring)
		4. Nurtured and Supported: provide financial, emotional, and social support to children and families (Examples: income supports, probation, foster care, youth development centers, family resource centers, parent education)

	<p>5. Engaged: support connections between youth and their peers and communities (Examples: mentoring, teen courts, after school programs, 4H, community service)</p>
Programmatic Focus	11
	<p><u>Adult-Focused Capacity Building and Support:</u> Programs that provide training, education, technical assistance, or professional development to adults—such as parents, caregivers, educators, legal professionals, or service providers—with the goal of improving outcomes for children and youth. (ex., trainings for teachers and providers of care to children, parent-education, community outreach programs)</p>
	<p><u>General Services:</u> Basic services universally provided to all children to support general well-being and access to public infrastructure. (Ex: regular education, immunizations, public libraries)</p>
	<p><u>Universal promotion and prevention:</u> Programs designed to promote positive development and prevent problems before they occur, available to all children regardless of risk (Ex: substance abuse prevention, bullying prevention, suicide prevention, accident prevention, after school programs, 4H, sports, arts, music)</p>
	<p><u>Targeted prevention:</u> Services for subgroups of children who are at elevated risk due to specific characteristics, but who are not yet showing signs of problems. (Ex: income supports, Home Visitation, Head Start, mentoring, special education)</p>
	<p><u>Early intervention:</u> Services for children who have life circumstances or have exhibited behaviors, which if addressed early, can remediate problems and avoid the need for additional interventions (Ex: Life skills training, mentoring, parenting classes for teen parents, targeted literacy programs)</p>
	<p><u>Moderate intervention:</u> Services for children who require structured intervention to continue functioning in the community. (Ex: crisis response, mental health case management, probation, child protective services, foster care, outpatient substance abuse treatment)</p>
	<p><u>Intensive intervention:</u> Services for children who require intensive, crisis, or long-term intervention for them to remain in the community or because they cannot function in the community due to a risk to themselves or others (Ex: youth development centers, outpatient sex offender treatment, intensive case management, residential treatment)</p>

Ages Served	12	Specify the age parameters of children served through the program i.e. 0 (conception) thru age 21 years. For example, if the program serves elementary school students, list the ages served as 5, 6, 7, 8, 9, 10, 11, 12.
Counties Served	13	List each county in which program services are provided. If program offers services to more than 20 counties, list regions served. See list to the right for counties per region
Demographic Distribution	14	<p>Required for child-focused programs only. Provide the percentage breakdown of children served during the reporting period by the following demographic categories:</p> <p>Race: % White, % Black or African American, % Asian/Asian American, % Other Gender: % Female Ethnicity: % Hispanic/Latinx Income: % of children from households below the Poverty Level Income Standard (PLIS) Disability: % of children with a documented disability</p> <p>You may use actual data if available or provide a reasonable estimate based on program records, intake forms, or community demographics.</p>
Program Expenditures		
Funding (Source, Source Description)	16-19	<p>15 - Identify all sources of funding: federal, state and other from the drop-down. Use the category of "Other" only for funds that are awarded to the state, or include sources such as foundations, fees paid to the state or department. [Note: These are NOT Inter-Departmental Funds]</p> <p>16 - Identify the funding source - i.e. General State Appropriation Funds, state/federal statute, or the name of the grant.</p> <p>17 - Federal funding stream (for federal sources)</p> <p>18 - Identify <u>actual expenditures</u> for FY 2025 (July 1, 2024 to June 30, 2025)</p> <p>If the program receives funds from more than one funding source, complete Funding Source 2 and 3, if applicable.</p>

Data Reporter Name	20	Provide the name of the person who manages the program or provided the data. They will be the person TCCY will contact if there are any specific program questions.
Eligibility Requirements	21	From the drop-down menu choose Yes or No.
IF YES, Eligibility Requirement Description	22	Describe, in one to three sentences, what constitutes the eligibility requirement.
County/District or Statewide?	23	Select County/District if the program provides different funding amounts to individual Counties or Districts. Select Statewide if the program provides service, in equal measure, to every County/District and every child/student.
<i>If program is focused on adults and no children served directly, skip to row 39</i>		
Number of Children Served Numerator (Year 2024-25)	26	Identify the number of children served during the fiscal year.
Calculation Method	27	Select Actual or Estimate (for the numbers) from the drop down.
Income Requirements	28	From the drop-down menu choose Yes or No.
If YES, Income Requirement Percent of Poverty Level Income Scale	29	Include the PLIS (Poverty Level Income Standard) percentage is available for appropriately selecting a PLIS.
If YES, Income Requirement Description	30	If income is an eligibility requirement, specify the relevant income parameters e.g.; Income ranges, Family size, Under-employment, etc.
Eligible Population #	31	Input the number of children eligible for this program. The State of TN Report Card is a good source.
Eligible Population Source	32	Identify eligible population source from the drop-down (All Children Population, Waiting List, Prevalence Data)
Matching Requirements	33	From the drop-down menu choose Yes or No.
If YES, who requires the match?	34	From the drop-down menu choose State, Federal, or Other.
If YES, who provides the match?	35	From the drop-down menu choose State, Federal, or Other.
If YES, what match is required?	36	Explain the match required.
If YES, This Match must be..	37	From the drop-down menu choose Cash, In-Kind, or Either.
<i>Only complete rows 39-50 for adult-only programs</i>		
Number of People Served	39	Identify the number of Adults served during the fiscal year.
Calculation Method	40	Select Actual or Estimate (for the numbers) from the drop down.

Income Requirements	41	From the drop-down menu choose Yes or No.
If YES, Income Requirement Percent of Poverty Level Income Scale	42	Include the PLIS (Poverty Level Income Standard) percentage is available for appropriately selecting a PLIS.
If YES, Income Requirement Description	43	If income is an eligibility requirement, specify the relevant income parameters e.g.; Income ranges, Family size, Under-employment, etc.
Eligible Population #	44	Input the number of children eligible for this program. The State of TN Report Card is a good source.
Eligible Population Source	45	Identify eligible population source from the drop-down (All Children Population, Waiting List, Prevalence Data)
Matching Requirements	46	From the drop-down menu choose Yes or No.
If YES, who requires the match?	47	From the drop-down menu choose State, Federal, or Other.
If YES, who provides the match?	48	From the drop-down menu choose State, Federal, or Other.
If YES, what match is required?	49	Explain the match required.
If YES, This Match must be..	50	From the drop-down menu choose Cash, In-Kind, or Either.
Expenditures by Category		
Direct Services	53	Funds used to provide services directly to children, youth, or families
Contract/Third Party	54	Payments to external providers, vendors, or grantees for service delivery
Payroll/Personnel	55	Salaries, wages, and benefits for staff involved in program implementation
Equipment	56	Purchase of durable goods used in service delivery (e.g., laptops, medical kits)
Training & Development	57	Costs for staff training, certifications, or professional development
Evaluation & Quality Improvement (optional)	58	Costs for data collection, performance tracking, or evaluation activities
Outreach & Engagement (optional)	59	Costs for public awareness, recruitment, or community engagement efforts
Administrative/Overhead	60	General operating costs (e.g., rent, utilities, indirect costs)
Other	61	Any other expenditures not captured above (please specify)
Total Expenditures	62	Should match sum of row 17
Outcome Data (focus on 1-2 Primary Outcomes)		
Intended Outcomes	64	What is the program designed to achieve?
Effectiveness Measures	65	Describe the measures in place for determining the effectiveness/results of the services/funding. (e.g., survey results, participation rates)

Evaluation Method	66	Internal, external, or not formally evaluated
Outcome Data	67	Quantitative or qualitative results, if available
Time Period Covered	68	Indicate Fiscal Year or Reporting Period
Percent funds benefiting children under 5	69	Provide the percentage of children, under the age of 5 years, who benefit from this program.
Percent funds benefiting children over 18	70	Provide the percentage of children, over the age of 18 years, who benefit from this program.
Eligible Funding your Agency has not Accessed		
Aware of Funding?	72	Are you aware of any federal or state funding sources your agency is eligible for but is not currently accessing? Indicate Yes/No
Barriers to Accessing Funding	73	What are the primary barriers preventing your agency from accessing these funds? Describe challenges (e.g., staffing, awareness, capacity).
Resources or Supports to help Access Funding	74	What resources or supports would help your agency pursue these funding opportunities in the future?
Impact of Federal Funding Cuts (optional)		
Program Affected?	76	Was your program affected by any recent changes in federal funding? Y/N
Effect Description	77	Describe the impact if "Yes."
Programmatic Adjustments	78	Describe any changes made in response.
Anticipated Changes	79	Indicate anticipated impacts, if any.
Notes (optional)	80	Include any additional information you feel might be relevant.
County/District Information-2020-21	83-177	Enter the number of children served in each County/District and the Allocation/Expenditure for Source 1, 2, &/or 3, as needed.
County Unknown	178	If county information unavailable for some expenditures, record that here
County/District Calculated Number/Amount Totals	179	This row has a formula and is locked. It calculates the total of rows 42-188.
Difference between Reported and Calculated Number/Amount Totals - Should be zero	180	This row has a formula and is locked. It calculates the difference between rows 17, 24, and 189. Each of these totals should be zero to confirm all student counts and funding amounts are accurate and consistent.
Complete the County-level expenditure form if data are available		