



Provider Capacity Building & Support Worksheet – Aggregate Data ONLY

(To be used only as directed by First 5 Fresno County)

Agency Name:	Program Name:	Quarter & Year Reported by This Form:
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1. Please provide the number of group trainings or one on-one trainings by program content and the total number of **all** providers served. **Do NOT count those individuals who are reported individually (those who are in the series workshops and thus reported individually in Persimmony).**

SERVICE CONTACTS & Content Area					
	ECE	Health	Special Needs	Other	Total
1. No. Workshops or Group Trainings	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. # Workshop or class SERVICE CONTACTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*This time please list ONLY the **NEW, FIRST TIME** providers by ethnicity and language in your Capacity Building event. This number is the headcount of unique individuals, not the total no. of times people who received a service as in # 1 above.*

3. Unduplicated Headcount by <i>Ethnicity</i>	NEW FIRST TIME HEADCOUNT Providers Served
Alaska Native or American Indian	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Asian	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hmong	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Black/African American	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hispanic/Latino	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pacific Islander	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
White	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Multiracial (more than one ethnic group)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Unknown	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTALS	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Unduplicated Headcount by <i>Language</i>	NEW FIRST TIME HEADCOUNT Providers Served
English	□□, □□□
Cantonese	□□, □□□
Hmong	□□, □□□
Spanish	□□, □□□
Korean	□□, □□□
Vietnamese	□□, □□□
Indigenous Mexican	□□, □□□
Mandarin	□□, □□□
Other/Unknown	□□, □□□
TOTALS	□□, □□□