

Tree of Hope

*2023-2024 City of Pittsburgh STOP the
Violence Community Investment Grants*

Tree of Hope

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FollowUp Form

City of Pittsburgh STOP the Violence Mid-Year Progress Report

The City of Pittsburgh established the STOP the Violence grants as part of the City's comprehensive approach to ending violence. Through the STOP the Violence Community Investment Fund, the City partnered with your organization to build new insights and stride toward our mutual goals. Thank you for your efforts to take proactive steps with individuals who exhibit risk factors for violent behavior, support those individuals to overcome the risk factors, avoid violence, and lead healthy and productive lives.

With these grants come the expectations of midterm and final reports. This interim report provides space for your organization to tell the City about the progress of your originally-stated activities, outcomes, and goals. It also offers an opportunity to share any challenges and triumphs thus far. This critical feedback helps us:

1. Keep focused on the investment made and the anticipated project results;
2. Understand if our grantees are on track for success to bring about their anticipated project results (midterm reports), and
3. Analyze our work, learn from your experiences, and make choices for the future.

WHAT SHOULD I INCLUDE IN MY REPORT?

This report should include grant-related activities and projects from when your organization received funds through the first six months.

We are interested in knowing

1. what you did;
2. what you learned;
3. what questions your work answered, and what questions remain;
4. what follow-up work do you plan to do?

When reading the narrative report, we understand that no project proceeds entirely as planned. Some strategies work better than hoped; others do not. An honest assessment of what worked and what did not gives us additional context to gauge the impact of the grants and consider the implications for future collaboration.

Put your project into a larger context of reflection and interrogate its assumptions and method. Your report should include these considerations.

1. How did your strategies and design work?
2. What might you or others do differently in the future?
3. What do you see now about your problem or question that would press you to do things differently?
4. Progress and Results: Please briefly describe (in 300 words or fewer) the key actions, activities, or products resulting from the grant funding, as well as any resulting benefit to the organization or the people it serves.
5. Please explain any significant variance from your planned use of funds as stated in your grant proposal. For example, have there been changes in your project timeline or expenditures?
6. Please describe the challenges the funded project encountered, and explain how you overcame them (or plan to overcome them).
7. Photos, Stories, Social Media Posts/Reels, and Testimonials: Your participant/event stories, reels, and photographs provide a critical piece of the puzzle for us. They give us the materials needed to inspire others to engage, celebrate, and continue to support your violence prevention and intervention efforts.

Organization Name*

Please enter the name of your project/program in the box below.

Tree of Hope

Project Start Date (from Grant Proposal)*

06/14/2024

Project Start Date (Actual)*

06/14/2024

Grant Information

Grant Amount Awarded*

\$15,000.00

Award Amount Spent*

Has your organization spent the awarded STOP the Violence funds in their entirety?

Yes

Population Served

Number of Program/Project Participants (Proposed)*

300

Number of Program Participants (Actual)*

550

Number of Participants Ages 0-17 (Actual)*

300

Number of Participants Ages 18-30 (Actual)*

100

Number of Participants Ages 30+ (Actual)*

150

What neighborhoods do your project participants represent?*

East Liberty
Garfield (The Valley, The Hilltop)
Homewood North
Homewood South
Lincoln-Lemington-Belmar

Participant Contact Information*

Our team maintains a list of complete names, addresses, and contact information for all or almost all of the program participants in the project/initiative.

Yes

Police Zone Served*

Zone 5

Work Conducted

Proposed Project/Program Activities*

Provide a list of project activities/initiatives from your proposal.

Crusades Against Crime, and collaborating organizations set up a "festival" like atmosphere with music, food, bouncey houses and story teller for the children. The participants signed up for various services by our providers and listened to a variety of speakers who gave great anti -violence speeches and information to keep their communities safe!

Collaborations

Please comment on the collaborations presented in your project proposal. Did you collaborate as anticipated in the proposal?

Circumstances to consider:

- Have roles and responsibilities shifted?

- What unanticipated changes did you experience?
- What impact does the collaboration make on the project and the population served?
- What circumstances would improve collaboration among STOP the Violence grantees?

Our collaborations have been solid and very effective!

Status of Project Plan*

What activities/events from your proposed project plan have been implemented?

All of the activities outlined in the "Crusades Against Crime proposal" were all implemented!

Proposed Outcomes*

hundreds of residents who live in high crime areas were informed and uplifted and encouraged to help reduce violence i their respective neighborhoods!

Progress*

Please provide an overview of the project achievements/highlights to date. Provide any appropriate data supporting your statements.

hundreds of residents who live in high crime areas were informed and uplifted and encouraged to help reduce violence i their respective neighborhoods!

Do you believe that your project or program impacted violence?*

Do you believe that your project or program contributed to violence prevention or violence intervention rates in the communities served?

Yes

What has this project done to reduce or prevent violence?*

1. Describe your actual outcomes.
2. Describe the impact of your project.

Mothers and parents were encouraged and motivated to help stop the violence in their communities, teens and young adults were redirected and encouraged to seek job opportunities or higher education or trade skills!

Learning and Adapting

Are there any changes to any aspect of your proposed plan? If "Yes", please explain.*

We definitely needed better funding, we only received about 15% of our funding needed for this project. We tried to stretch out the program to as many communities as possible, but with greater funding we could have accomplished so much more!

Challenges

Describe any ongoing challenges.
funding!

Budget

Current Budget Overview*

1. Click here to download the Budget Reporting Form.
2. Complete the form.
3. Upload the completed form.https://www.grantinterface.com/Documents/Download/f17c57b0-f6cc-4be9-a9d5-2dce30b11bcbhttps://docs.google.com/document/d/1jM3sEoOobpMJQUc8W-irhCr_7KXZVtRM/edit?usp=sharing&ouid=101637342679599276330&rtpof=true&sd=true

STV Budget Reporting Form B.xlsx

Share Your Story

For services supported in whole or in part by your **STOP the Violence** grant, share a story about a client (without sharing any personally-identifying information), service, or community initiative that could be shared with other stakeholders.

*

A Family that was affected by gun violence (her son was murdered) was able to verbalize her trauma and received a referral for ongoing support and was able to go back to work and regain her "peace" She stated that she is becoming a better mother to her other children and able to focus on the positive memories of her son!

Photos and Digital Clips

Please attach any photos or videos illustrating your work.

thumbnail_2E814FB1-7E4B-4206-AB24-D32E829BC6D4.jpg

Verification

Name of Organizational Representative Completing Report*

Tree of Hope

Title of Organizational Representative*

Executive Director

Authorization*

By entering your signature information above and clicking "*I agree.*" you certify that: I certify, to the best of my knowledge, that all information included in this report is correct. The tax-exempt status of this organization (*or fiscal sponsor organization*) is still in effect.

I agree.

Date of Submission*

11/02/2024

File Attachment Summary

Applicant File Uploads

- STV Budget Reporting Form B.xlsx
- thumbnail_2E814FB1-7E4B-4206-AB24-D32E829BC6D4.jpg

Grant Financial Report

This is a protected worksheet. Complete only those sections that are shaded. See additional instructions below, indicated by corresponding number.

Organization: [1]

Tree of Hope

Grant Process

[4]

Finished

Grant Start / End Dates: [2]

31-May-24

to

30-Sep-24

Report Period: [5]

14-Jun-24

to

30 sept. 2024

Approved Grant Amount: [3]

\$ 15,000

(in US\$)

Budget Category [7]	Approved POISE Fdn Budget [8]	Amount Spent in Previous Periods [9]	Amount Spent in Current Period [10]	Total Spent to Date	Unexpended Balance
Materials and/or Supplies	\$ 8,000	\$ 8,000	\$ 8,000	\$ 16,000	-\$ 8,000 *
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Subtotal Direct Costs	\$ 8,000	\$ 8,000	\$ 8,000	\$ 16,000	-\$ 8,000
Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Totals	\$ 8,000	\$ 8,000	\$ 8,000	\$ 16,000	-\$ 8,000

The line-by-line budget should match those specified in your proposal.

A red "*" indicates that you must include an explanation of the budget variance. This variance will require Foundation approval.

By submission of this report you hereby certify that the individual submitting this report is authorized to submit it on behalf of you compliance with the requirements of the grant letter, and that any funds expended have been expended in accordance with the |

Name and Title: [12]

Adrien

Date:

E-mail Address: [13]

Phone Number: [14]

Instructions

1. Enter the organization's legal name.
 2. Enter the approved start and end dates of the grant.
 3. Enter the approved grant amount.
 4. Enter your grant program or process for which you received funding.
 5. Enter the current reporting period from and to dates.
 6. Enter the total amount of POISE Foundation funds received through the end of the reporting period. Specify amount in US\$.
 7. Select Budget Categories which match your proposed grant budget. Select categor(ies) from drop down menu on right of cell
 8. Enter the approved POISE Foundation budget for each budget category. All figures should be reported in US\$.
 9. Enter the sum of amounts spent in each budget category for all previous reporting periods. All figures should be reported in US\$.
 10. Enter the amount spent in each budget category for this reporting period. All figures should be reported in US\$.
- The total spent to date and unexpended balances will be computed automatically.
11. If the expended amount in a budget category significantly exceeds the total direct costs by 35%, an explanation is required. Lines requiring explanations will be indicated by a RED "**".
 12. Enter the name and title of the individual who certified the information contained in the report.
 13. Enter the e-mail address for that person.
 14. Enter the phone number for that person.

Total received to date (US \$): [6] 15,000

Please explain significant budget variances where indicated
[11]

rentals for stages, bouncey houses, popcorn machines, sound
speakers, microphones, foam machines.

ur organization, that the organization is in
purposes of the grant.

anne Young, executive director of Tree of Hope

10/2/2024

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US\$.