**2017 Wisconsin Act 260 Foster Parent Grant Exit Summary**

**Fiscal Year 2024**

437003-G24-0002221

**Use of Form:** Grant recipients of the Wisconsin Act 260 Foster Parent Grants are required to use this form to submit an exit summary of the grant activities.

**Instructions:** Complete the set of questions that correspond to the grant topics that the agency received funding in FY2024 and all requested information in each applicable subsection**.** Exit summary must be completed and submitted to the Out-of-Home Care Program and Policy Analyst via [DCFDSPGeneralFosterCare@wisconsin.gov](mailto:DCFDSPGeneralFosterCare@wisconsin.gov) **no later than 5:00 p.m. on September 1st, 2024**.

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| Lead Agency | | | |
| If Grantee was in Partnership with multiple agencies, please list the agency(ies): | | | |
| Lead Agency Mailing Address (Street, City, Zip Code) | | | |
| Point Of Contact for Exit Summary (Full Name, Title, Email, Phone) | | | |
| **Incentives for Licensed Relatives and Foster Parents Retention** | | **Total grant received $**  **Total grant spent $** | |
| 1. | How did your agency use the grant funding to meet its intended purpose? | | |
| 2. | Please list all activities completed using the grant funding received and how much funding was used for each activity. | | |
| 3. | Describe effectiveness of the activities as measured by the agency: | | |
|  | The number of licensed foster homes closed and the reason for closure, for fiscal years 2018 through 2023. | | |
|  | The number of closures and reason for closure in state fiscal year 2024 (during grant period). | | |
|  | Describe the methods of evaluation used to measure foster parent satisfaction with the licensing agency including the results and/or responses from foster parents. | | |
| 4. | If the agency spent less than or more than the total grant amount received, please explain why. | | |
| **Licensed Relative and Foster Parent Training Expenses** | | **Total grant received $**  **Total grant spent $** | |
| 1. | The total number of foster parents trained with the grant funding. | | |
| 2. | Describe the training topics and activities provided to foster parents. | | |
| 3. | Describe the additional knowledge and skills the foster parents acquired and how that improved the quality of care provided to children in the foster homes, including any data on placement stability. | | |
| 4. | If the agency spent less than or more than the total grant amount received, please explain why. | | |
| **Normalcy Opportunities for Children in Out-of-Home Care** | | **Total amount received $**  **Total amount spent $** | |
| 1. | The total number of children served through the grant funding. | | |
| 2. | Describe the effectiveness of the activities, as measured by the agency: | | |
|  | How the grant funding allowed foster parents to provide normalcy opportunities for children in out of home care. | | |
|  | Describe the types of activities that were supported through this funding. | | |
| 3. | If the agency spent less than or more than the total grant amount received, please explain why. | | |
| **Agency Authorization** | | | |
| Authorized Agency Authority – Full Name | | | Date |
| Authorized Agency Authority – Signature | | | |