Crime Prevention Investment Plan (CPIP) – Social Development
Progress Report
Reporting Period: January 1 to June 30, 2027

All Information provided is Public

Please note that sample reports are shared here to assist with data collection. Reports must be completed in FIMS. The content is subject to change as needed.

Organization Name:
Program Name:
Contact Name:
Contact Email:

Crime Prevention Level

1. Crime Prevention Level: (*Should match the Focus Area selected in your application.*)
   _____ Early Identification
   _____ Prevention of Re-offending

(*One can be selected from the drop-down list provided, required*)

Program Activities

2. Briefly describe program activities over the past 6 months. This should match the activities described in your application. If the activities your program delivered were different than originally planned, explain how and why they differed.

(*Required, 3000 characters max.*)

Clients and Contacts

3. **Unique Clients or Participants**

   a. Report the number of unique individual clients or participants served during the reporting period where a client file was opened.
      - Individuals should only be counted once per program.
      - Do NOT include 'contacts' because they are counted separately.

      _____ (number)

(*Required*)

   b. Comments regarding number of clients or participants.

(Optional, 1000 characters max.)

4. **Number of Contacts**

   a. Report the number of contacts. A contact is a service where no client file is opened. It includes but is not limited to: telephone inquiries, drop-ins, one-time assistance with forms or referrals, participation in one-time information or education sessions, participation in community events, etc.
      - Do not include the number of times a worker meets with a client from the 'individual clients/participants served' category.
      - Do not include the number of web hits received.
      - Do not include the number of newsletters or brochures distributed.

      _____ (number)

(*Required*)

   b. Comments regarding number of contacts.

(*Optional, 1000 characters max.*)

Outcomes
5. What positive changes have participants experienced as a result of the program during this reporting period? *(Required, 4000 characters max.)* 6. What data or observations support these changes? (e.g., surveys or interviews with participants, program records, systematic observation of programs, participant stories, sharing circles, traditional methods, conversations with staff, informal observation etc.). (*Required, 1000 characters max.*)
Continuous Improvement
7. What is working well with the program and why? How will the program sustain these successes? (*Required, 2000 characters max.*) 8. What isn't working well with the program and why? How will these challenges be addressed going forward? (*Required, 2000 characters max.*)
Additional Comments
9. If there is anything else you would like to tell us, please do so here. (*Optional, 2000 characters max.*)