Please type responses on this form and submit electronically with other requested materials for reimbursement.

## Organization Information:

|  |  |
| --- | --- |
| Date Submitted | Organization Name |
|  |  |
| Quarter | Contact Information  (include phone number and email) |
|  |  |
| Award Amount | Organization Mailing Address: |
|  |  |

## Performance Outcomes:

1. Please provide information about the number of people served so far through this grant-funded activity? (any specific information about work with youth, at risk communities, aging communities, and unhoused population)
2. Please list tangible ways that your agency/program has impacted County residents as a result of receiving these County grant funds:
3. Any other updates or measures about the agency/program that you’d like to include?
4. What, if any, other goals have been achieved that are connected to this grant project? Please complete the table below:

**CONTINUED ON THE BACK/NEXT PAGE**

Performance Measures: Describe your progress towards achieving your identified public purpose statement during this quarter.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Goal** | **Activities Done in Support of Goal** | **Anticipated/**  **Targeted Results** | **Actual Results to Date** |
| **Example**: Enroll 15 new participants in the after-school program this quarter. | **Example**: Outreach and info sessions with churches, schools, and other community groups to promote after-school engagement. | **Example**: Aim to meet with 20 different schools or child/community organizations. | **Example**: Held info sessions about after-school program at 11 schools and 3 churches to promote our afterschool program; enrolled 14 new participants. |
|  |  |  |  |
|  |  |  |  |

## Quarterly Expenses:

Please attach supporting documentation this includes receipts and necessary invoices to document funds were used for allowable purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSE TYPE** | **QUARTER REPORTING - TOTAL DISBURSEMENTS** | **TOTAL YTD DISBURSEMENTS** | **TOTAL PROGRAM BUDGET** |
| **Personnel** | $  - | $  - | $  - |
| **Supplies** | $  - | $  - | $  - |
| **Services** | $  - | $  - | $  - |
| **Other** | $  - | $  - | $  - |
| **TOTAL** | $  - | $  - | $  - |