

Nassau County Youth Board 2010 Statistical/Narrative Quarterly Report

Implementing Agency: _____

Program Title: _____ Program #: _____

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ 4th Quarter: _____
 (Jan.-Mar.) (Apr.-June.) (July-Sept.) (Oct.-Dec.)

Total Program Number Served: _____

Indicate the total number of youth receiving at least one direct service year to date (cumulative-unduplicated count)

Use whole numbers when entering information for Gender, Ethnicity, Ages and Target Population areas, NOT percentages.

1. GENDER OF PROGRAM PARTICIPANTS: <i>(Enter number of participants per gender)</i>					
			MALE _____	FEMALE _____	
2. ETHNICITY: (Enter number of participants per ethnic group)	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____		
	AMERICAN INDIAN OR ALASKAN NATIVE _____	ASIAN _____			
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____	TWO OR MORE RACES _____			
3. AGES	0-4 _____	5-9 _____	10-14 _____	15-17 _____	18-20 _____
4. # of adults 21 and over served: _____					
Please describe services provided to adults 21 and over:					

Life Area _____

Goal: _____
(Enter Code)

Goal: _____
(Enter Code)

OBJECTIVE: _____ (Enter Code)	SOS: _____ (Enter Code)
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Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: (Enter number of participants per gender)	
	MALE _____ FEMALE _____
ETHNICITY: (Enter number of participants per ethnic group)	WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES	0-4 _____	5-9 _____	10-14 _____	15-17 _____	18-20 _____
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DOES PROGRAM SERVICE DISCONNECTED YOUTH: No Yes
(Enter number of participants per population described)

Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

If yes, please describe the services you provide:

Life Area _____

Goal: _____
(Enter Code)

Goal: _____
(Enter Code)

OBJECTIVE: _____ (Enter Code)	SOS: _____ (Enter Code)
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Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: (Enter number of participants per gender)	
MALE _____ FEMALE _____	
ETHNICITY: (Enter number of participants per ethnic group)	WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES	0-4 _____	5-9 _____	10-14 _____	15-17 _____	18-20 _____
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DOES PROGRAM SERVICE DISCONNECTED YOUTH: No Yes
(Enter number of participants per population described)

Youth aging out of foster care _____ Children of incarcerated parents _____
Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

If yes, please describe the services you provide:

PART II QUARTERLY STATISTICAL/NARRATIVE REPORT

LIFE AREA: _____	Goal (s): _____	Objective: _____
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Progress or Obstacles to Date

SOS ____(specify)	
SOS ____(specify)	
SOS ____(specify)	

Please duplicate as needed

Based on your application, please provide your agency's progress in achieving the following:

Activities	Progress Or Obstacles/Barriers To Date
Board Initiated Fundraising	
Proposal Writing and Results	
Board/Staff Development	

SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/Presentation	Date	Location	Number Board/ Parents/Vols.	Number of Staff	Number of Youth
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
<i>PLEASE MAKE SURE TO ADD TOTALS:</i>			_____	_____	_____

(Use additional pages if necessary)

ATTACH BOARD MINUTES THAT OCCURRED DURING THIS REPORTING PERIOD. WHAT MONTH(S) DID THE BOARD NOT MEET? _____

PLEASE LIST NEW BOARD MEMBERS AND MEMBERS WHO LEFT THE BOARD THIS QUARTER AND INCLUDE THE DATES:

Name New Board Member:	Date:	Name Removed Board Member:	Date:

Prepared by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____