Fiscal Year 2015/Due by October 1, 2015

Department:

1. Program name and detailed description:

2. List of program activities and/or services: (specific services provided, who provided the services and how often).

3. Description of how the program activities and/or services met the overall goals and objectives:

4. Programmatic Implementation issues including:
   a. Service Provider, hiring of staff, etc.
   b. Areas of the grant not implemented as planned and why. (e.g., changes from what was presented in the original proposal).

5. Total number of clients served:
   a. Total number of youth served:

6. Program specific outcome performance measures: (if available)

7. Identify other sources of funding used to provide programs, services and placement if any:
   a. Percentage of Grant T funds used:
   b. Name and percentage of other funding sources used:

Prepared By ___________________________ Phone Number ___________________________