

Date Received:

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Program Number:

**CITY OF SANTA FE  
CHILDREN AND YOUTH COMMISSION  
QUARTERLY REPORT FORM 1<sup>st</sup> Quarter**

NAME OF AGENCY: \_\_\_\_\_

REPORT FOR: July 1<sup>st</sup> - September 30<sup>th</sup> **DUE DATE: October 14<sup>th</sup>, 2016**

PREPARED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**1. \_\_\_\_\_ TOTAL NUMBER OF PROGRAM PARTICIPANTS (0-21) for 1<sup>st</sup> Quarter:**

Please list the total unduplicated number of newly admitted or registered program participants based on approved Scope of Services (Exhibit 'A') provided direct services by your program for the quarter. If individual participants attend a program but demographic information is not captured then the number is not considered unduplicated.

**2. ENDS FRAMEWORK/ INDICATORS:**

Select the category, desired results/ends and key indicators which was outlined on agency proposal

<b>Categories:</b>		
<input type="checkbox"/> <b>Early Care and Education for Children 0-5</b>	<input type="checkbox"/> <b>Supplemental Education for School-Age Children</b>	<input type="checkbox"/> <b>Healthy Lifestyles</b>
<b>Program desired Results/Ends:</b>		
<input type="checkbox"/> Developing cognitively, emotionally and physically as they are raised by parents/adults who know how to nurture and stimulate them.  <input type="checkbox"/> Physically healthy and developing  <input type="checkbox"/> Born to mothers who are healthy and not abusing substances  <input type="checkbox"/> Being raised by positive female and male influences	<input type="checkbox"/> Learning and thriving in school  <input type="checkbox"/> Developing essential competencies in school  <input type="checkbox"/> Being cared for by an adult  <input type="checkbox"/> Staying engaged in school  <input type="checkbox"/> Engaged in afterschool enrichment experiences  <input type="checkbox"/> Getting good jobs and/or going to college  <input type="checkbox"/> Becoming leaders and citizens	<input type="checkbox"/> Mentally and physically healthy  <input type="checkbox"/> Exercising, healthy weight  <input type="checkbox"/> Not abusing substances  <input type="checkbox"/> No unwanted pregnancies  <input type="checkbox"/> Living in a safe home/are safe from violence and crime  <input type="checkbox"/> Attending school  <input type="checkbox"/> Not engaged in illegal activities  <input type="checkbox"/> Being supported and challenged to develop their strengths

**Key Indicators:**

<i>Number and/or Percent</i>	<i>Number and/or Percent</i>	<i>Number and/or Percent</i>
<input type="checkbox"/> Low birth weight babies <input type="checkbox"/> Pregnant women receiving prenatal care <input type="checkbox"/> Children 0-4 years meeting social, emotional, cognitive, language and physical developmental milestones <input type="checkbox"/> Substantiated child abuse and neglect case per 1,000 for children under 5 <input type="checkbox"/> 4 year olds attending Pre-K <input type="checkbox"/> Children who are ready for Kindergarten	<input type="checkbox"/> School attendance rates/truancy <input type="checkbox"/> Reading, math and science proficiency rates <input type="checkbox"/> Graduation rate & dropout rates <input type="checkbox"/> Participate in after-school activities which demonstrate improvement/growth (academic, social skills, etc.) <input type="checkbox"/> Involvement in community service, apprenticeships or school activities who show growth in leadership or career preparation skill <input type="checkbox"/> 16-18 year olds re-engaged to school for HS Diploma and/or alternative education pathway	<input type="checkbox"/> Suicide rates/depression rates <input type="checkbox"/> Obesity rates <input type="checkbox"/> Rate of abuse of substances <input type="checkbox"/> Teen pregnancy rates <input type="checkbox"/> Homeless rates <input type="checkbox"/> Abuse and neglect rates <input type="checkbox"/> Suspension rates/JJPO involvement <input type="checkbox"/> School attendance rates <input type="checkbox"/> Immunization rates, flu shots <input type="checkbox"/> Engagement in enrichment activities which show growth & improvement in skills, attitudes or behaviors <input type="checkbox"/> Youth arrest rate <input type="checkbox"/> 18-21 year olds re-engaged in education, a job and/or training

Has your agency met with the CYC Data Consultant and finalized performance measures for the above outcomes and indicators?

- Yes, submit agreed upon data relating to your agencies selected indicators and outcomes
- No, how has your agency aligned data with the selected indicators and outcomes; please attach charts, graphs, survey assessments results, etc. and explain below or on a separate sheet:

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**3. PROGRAMMING:**

	<b>Program Services</b> <i>(From Exhibit 'A' in the Contract)</i>	<b>Number of Participants</b> <i>(0-21)</i>	<b>Program Intensity</b> <i>(Number of contact hours, items given out, hours of training, assessments collected, etc.)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Please attach any supporting documents to include, but not limited to: Program flyers, sign-in sheets, survey templates, etc.*

**4. DEMOGRAPHICS:**

(PLEASE NOTE: The total amount from each category should equal the total unduplicated number provided in Question #1).

<b>RACE</b> (Understood to be imprecise)	<b>#</b>	<b>%</b>
American Indian or Alaskan Native		
Asian		
Black or African-American		
Hispanic		
Middle Eastern or North African		
Native Hawaiian or Pacific Islander		
White/Anglo		
Other		
<b>Total</b>		100%
<b>ETHNICITY</b>		
Spanish/Hispanic/Latino		
Not Spanish/Hispanic/Latino		
<b>Total</b>		100%
<b>GENDER</b>	<b>#</b>	<b>%</b>
Male Clients		
Female Clients		
Other Gendered Clients		
<b>Total</b>		100%
# Single Parent Head of Household		
<b>AGE</b>	<b>#</b>	<b>%</b>
0-2		
3-5		
6-12		
13-18		
19-21		
<b>Total</b>		100%
<b>CLIENT RESIDENCY</b>	<b>#</b>	<b>%</b>
City of Santa Fe Residents		
County of Santa Fe Residents *		
Clients Outside of Santa Fe County		
Tribal Reservation/Pueblo		
Incarcerated/Institutionalized		
Homeless/Unstably Housed		
<b>Total</b>		100%

\* Number of County residents should include only those residents who live outside the City limits

**5. INCOME VERIFICATION:**

Please list the number and percentage of participants (0-21) served whose yearly family income falls within the stated federal poverty income guidelines:

INCOME LEVEL	#	%
Low/Moderate Income (50-80% of Median)		
Very Low Income (Below 50% of Median)		
Above Guideline (Above 80% of Median)		
<b>Total</b>		100%

**FEDERAL POVERTY DEFINITIONS AND GUIDELINES**

**Low/Moderate Income:**

A family's annual income that does not exceed 80% of the median income for the area for a family of four. In Santa Fe, the median income is \$62,400. Eighty percent (80%) of the median is \$49,920.

**Very Low Income:**

A family's annual income that does not exceed 50% of the median income for the area for a family of four (4). For the City of Santa Fe, this figure is \$31,200.

Santa Fe, New Mexico:	INCOME LIMITS BY FAMILY SIZE 2015							
	1	2	3	4	5	6	7	8
Low/Moderate Income	\$34,950	\$39,950	\$44,950	\$49,900	\$53,900	\$57,900	\$61,900	\$65,900
Very Low Income	\$21,850	\$25,000	\$28,100	\$31,200	\$33,700	\$36,200	\$38,700	\$41,200

**6. QUESTIONNAIRE:**

- Please list any fundraising and/or grants/proposals submitted or received by your program for the quarter
- Please attach either a cash flow analysis or an income/expense sheet; attach any additional information, such as statistical data breakdowns, etc. you feel may be of importance. *The City's reporting system may not concur with every program's format for reporting; therefore, we recommend that each program complete the quarterly reports to the best of their ability and submit attachments with more appropriate or detailed information and statistics, if needed.*
- Please list any activities during the quarter (such as meetings) which assisted the coordination of service delivery with other agencies, or improved relationships among agencies. (Quantify if possible) Also, how have you used agency partnerships to accomplish the selected desired results/ends and key indicators?
- How has the agency collected data that demonstrates the CYC-funded program is aligned to make a positive impact on specific CYC indicators?
- List activities or other pertinent information of the program that should be made part of the records of the City of Santa Fe and Children and Youth Commission such as major policy decisions of the Board of Directors, changes in personnel or Board, etc.
- Has your program observed any special needs or received any requests for services from the community for which your program was unable to provide by way of service or referral?

Yes       No

If yes, please explain:

- Describe program changes, challenges and concerns that have come up during this quarter.