

Date Received:

Received By:

Program Number:

**CITY OF SANTA FE
CHILDREN AND YOUTH COMMISSION
FINAL REPORT FORM: (3 pages)**

Due July 15, 2014

NAME OF PROGRAM: _____

PREPARED BY: _____ PHONE: _____

EMAIL ADDRESS: _____ DATE SUBMITTED: _____

1. _____ **Total unduplicated number of children (0-21) in the program.**

2. **PROGRAM CATEGORIES:**

Please provide a categorical breakdown of programs and number of encounters per category. If the space provided is not sufficient, you may submit an attachment. Define the unit of service for each category, for example, hour, day, etc. The annual totals will in most cases equal the sum of all four quarters. Enter information from you contract with the City of Santa Fe Scope of Services in the last two columns.

	Program Categories (From Scope of Services in the Contract.)	Annual Totals		Scope of Services (From Current Contract)	
		Total # Children & Youth	Program Intensity	Number of Children & Youth	Program Intensity
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

3. DEMOGRAPHICS:

Please provide a breakdown of the total number of program participants (age 21 and under) provided direct services by your program, over the past four quarters, in the following categories.

ETHNICITY (Understood to be imprecise)	#	%
# Anglo		
# Hispanic		
# American Indian		
# African American		
# Asian		
# Other		
Total		100%
GENDER	#	%
# Males		
# Females		
Total		100%
# Single Parent Head of Household		
AGE	#	%
0-2		
3-5		
6-12		
13-18		
19-21		
Total		100%
RESIDENCY	#	%
# City of Santa Fe Residents		
# County of Santa Fe Residents *		
# Residents Outside of Santa Fe County		
Total		100%

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

4. INCOME VERIFICATION

Please list the number and percentage of participants served whose yearly income falls within the stated federal poverty income guidelines:

	#	%
Above Guideline (Above 80% of Median)		
Low/Moderate Income (50-80% of Median)		
Very Low Income (Below 50% of Median)		
Total		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 \$67,800. Eighty percent (80%) of the median is \$54,950.

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 \$34,350.

Santa Fe, New Mexico:	INCOME LIMITS BY FAMILY SIZE							
	1	2	3	4	5	6	7	8
Low/Moderate Income	\$38,500	\$44,000	\$49,500	\$54,950	\$59,350	\$63,750	\$68,150	\$72,550
Very Low Income	\$24,050	\$27,500	\$30,900	\$34,350	\$37,100	\$39,850	\$42,600	\$45,350

5. **FEES:**

What percentage of your program's total revenue is comprised from fees collected actually from program participants?

Total Fees = \$ _____ = _____ %
 Total Revenue = \$ _____

6. **ATTACHMENTS:**

a. Revenues and Expenditures statement for the year.

b. Program evaluation:

Please attach a copy of your program evaluation / end-of-year report that shows how children have benefited from your program.

(Please note that this report is the overall accumulation of the 1st, 2nd, 3rd and 4th Quarter)

 AUTHORIZED SIGNATURE

 DATE

