

Date Received:

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Program Number:

**CITY OF SANTA FE
CHILDREN AND YOUTH COMMISSION
QUARTERLY REPORT FORM 1st Quarter (3 pages)**

NAME OF PROGRAM: _____

REPORT FOR: _____ **Due April 15th, 2014**

PREPARED BY: _____ PHONE: _____

EMAIL ADDRESS: _____ DATE SUBMITTED: _____

1. _____ **NUMBER OF PROGRAM PARTICIPANTS** (0-21) for this funded program:

Please list the total unduplicated number of newly admitted or registered program participants provided direct services by your program for the quarter. (For purposes of clarification, direct services shall not include services such as workshops or outreach prevention in public schools where large audiences are counted, but not accounted for in terms of statistical information gathering). If individual participants attend a program but demographic information is not captured then the number is not considered unduplicated. Participants in public school programs can use school demographics.

2. **PROGRAM CATEGORIES:**

	Program Categories (From Scope of Services in the Contract.)	Number of Participants (0-21)	Program Intensity (Number of hours per week & number of weeks)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

3. **DEMOGRAPHICS** (This information shows that programs are meeting the needs of diverse populations):

NEW PARTICIPANTS THIS QUARTER (0-21)

ETHNICITY (Understood to be imprecise)	#	%
# Anglo		
# Hispanic		
# American Indian		
# African-American		
# Asian		
# Other		
TOTAL:		<u>100%</u>
GENDER	#	%
# Males		
# Females		
TOTAL:		<u>100%</u>
# SINGLE-PARENT HEAD OF HOUSEHOLD		
AGE	#	%
0-2		
3-5		
6-12		
13-18		
19-21		
TOTAL:		<u>100%</u>
RESIDENCY	#	%
# City Of Santa Fe Residents		
# County Of Santa Fe Residents*		
# Clients Outside Of Santa Fe County		
TOTAL:		<u>100%</u>

* 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 (0-21) served whose yearly family 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:		<u>100%</u>

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 \$54,250.

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 \$33,900.

Santa Fe, New Mexico:	INCOME LIMITS BY FAMILY SIZE							
	1	2	3	4	5	6	7	8
Low/Mod. Income	\$38,000	\$43,450	\$48,850	\$54,250	\$58,600	\$62,950	\$67,300	\$71,650
Very Low Income	\$23,750	\$27,150	\$30,550	\$33,900	\$36,650	\$39,350	\$42,050	\$44,750

5. QUESTIONNAIRE:

- Please list any fundraising and/or grants/proposals submitted or received by your program for the quarter.
- If your program received a significant or substantial amount of additional funds (via grants, contributions, fees, etc.), who, in or out of your organization, was primarily responsible for this?
- 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)
- List activities or other pertinent information of the program that should be made part of the records of the City of Santa Fe, Children & Youth Commission, such as major policy decisions of the Board of Directors, Changes in personnel or Board, Community outreach, prevention or education, program changes, etc.
- Please attach financial statements for the quarter, in particular, a cash flow analysis (mandatory) and 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.
- 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 of referral?

YES

NO

If yes, please explain: