**Broome County Youth Bureau**

**2022 Program Quarterly Report**

**Due Dates (year-round):** QY1: April 30 · QY2: July 31 · QY3: October 31

There is no QY4 report. We will provide you with an Annual Program Report at the end of the year.

**Agency:**

**Program:**

**Contact Person:**

**Quarter:**

1. **Number of youth served during current quarter:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of youth in each category served during current quarter**

|  |  |
| --- | --- |
| **Ages** | **Number** |
| 0-4 |  |
| 5-9 |  |
| 10-14 |  |
| 15-17 |  |
| 18-20 |  |
| 21+ |  |
| Total  \*must match number 1 amount |  |

|  |  |
| --- | --- |
| **Ethnicity** | **Number** |
| White |  |
| Black or African American |  |
| Hispanic or Latino |  |
| American Indian or Alaskan Native |  |
| Asian |  |
| Native Hawaiian or other Pacific Islander |  |
| 2+ Races |  |
| Total \*must match number 1 amount |  |

|  |  |
| --- | --- |
| **Gender** | **Number** |
| Male |  |
| Female |  |
| Total  \*must match number 1 amount |  |

### 3. Program Outcomes/Successes

Please describe the progress toward meeting each of stated program outcomes from your Broome County Youth Bureau application and contract. Discuss the services provided to achieve the outcomes.

4. **Program Obstacles/Challenges**

List any obstacles or barriers (if any) to reaching the program outcomes.

5**. Program Monitoring**

Describe the monitoring activities that have taken place.

**6. Program Evaluation**

Describe the evaluation activities that have taken place.

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Program Director’s signature Date