

NASSAU COUNTY YOUTH BOARD
2009 STATISTICAL/NARRATIVE QUARTERLY REPORT

**Youth Violence Gang Prevention/Intervention
Project – Category I & Category II Providers**

SPONSORING AGENCY: _____

PROGRAM TITLE: _____ **PROGRAM #:** _____

Report Covers the Following Quarter (Check One):

1st Quarter:____ (Jan.-Mar.) **2nd Quarter:**____ (Apr.-June.) **3rd Quarter:**____ (July-Sept.) **4th Quarter:**____ (Oct.-Dec.)

DEMOGRAPHIC PROFILE OF YOUTH SERVED – Complete for youth under 21 ONLY

1. TOTAL YOUTH SERVED:

Indicate the total number of youth receiving at least one direct service year to date
(cumulative-unduplicated count)

2. SEX
A. Male:_____ B. Female:_____ **TOTAL:**_____

3. ETHNICITY
A. Caucasian:_____ B. African American:_____ **TOTAL:**_____
C. Hispanic:_____ D. Native American:_____
E. Asian:_____ F. Other:_____

4. AGE
A. 0-4:_____ B. 5-9:_____ **TOTAL:**_____
C. 10-15:_____ D. 16-21:_____
E. 21:_____

ADULTS:
Indicate the total number served over 21 years: _____

Please complete based upon objectives

Number Served:

Priority Area

1. **SEX**
A. Male: _____ B. Female: _____ **TOTAL:** _____
2. **ETHNICITY**
A. Caucasian: _____ B. African American: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____
3. **AGE**
A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____
E. 21: _____

ADULTS:
Indicate the total number served over 21 years: _____

Number Served:

Priority Area

1. **SEX**
A. Male: _____ B. Female: _____ **TOTAL:** _____
2. **ETHNICITY**
A. Caucasian: _____ B. African American: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____
3. **AGE**
A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____
E. 21: _____

ADULTS:
Indicate the total number served over 21 years: _____

Numbers served:

Priority Area

1. **SEX**
A. Male: _____ B. Female: _____ **TOTAL:** _____

2. **ETHNICITY**
A. Caucasian: _____ B. African American: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____

3. **AGE**
A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____
E. 21: _____

ADULTS:
Indicate the total number served over 21 years: _____

Numbers served:

Priority Area

4. **SEX**
A. Male: _____ B. Female: _____ **TOTAL:** _____

5. **ETHNICITY**
A. Caucasian: _____ B. African American: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____

6. **AGE**
A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____
E. 21: _____

ADULTS:
Indicate the total number served over 21 years: _____

Please indicate your agency's progress this quarter in achieving the following:

Activities	Progress Or Obstacles/Barriers To Date
Collaboration Meetings: Specify agencies, groups and organizations.	
Community Workshops/Forums held/attended: indicate dates & numbers of people in attendance.	
Staff Development held/attended: indicate date(s) and topic(s).	

PART II QUARTERLY STATISTICAL/NARRATIVE REPORT

Objectives:	Activities	Progress or Obstacles to Date
Outcome 1: (specify)		
Outcome 2: (specify)		
Outcome 3: (specify)		

(Attach additional sheet if needed)

Objectives	Activities	Progress or Obstacles to Date
Outcome 4: (specify)		
Outcome 5: (specify)		
Outcome 6: (specify)		

SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/Presentation	Date	Location	Number Board/Staff Parents/Vols.	Number of Youth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
<i>PLEASE MAKE SURE TO ADD TOTALS:</i>			_____	_____

(Use additional pages if necessary)

Prepared by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____