

NASSAU COUNTY YOUTH BOARD
2009 STATISTICAL/NARRATIVE MONTHLY REPORT

**Youth Violence Gang Prevention/Intervention Project
Employment and Career Development Services for Youth**

SPONSORING AGENCY: _____

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

Report Covers the Following Quarter (Check One):

Month Ending _____, 2009

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. White: _____ B. Black: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____

4. 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: _____

MONTHLY STATISTICAL/NARRATIVE REPORT

(Please complete the following based upon individual objectives as identified in your application narrative)

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

Demographics for above objective:

1. SEX

A. Male: _____ B. Female: _____ TOTAL: _____

2. ETHNICITY

A. White: _____ B. Black: _____
 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: _____

Note: Please reproduce this sheet as needed.

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

Activities	Progress Or Obstacles/Barriers To Date
Collaborative Contacts: Specify agencies, purpose and outcomes.	
Staff Development held/attended: indicate date(s) and topic(s).	

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: _____