



City of Merced Parks & Community Services- Youth Center Activity Report

Organization Name	LifeLine CDC
Organizational Mission	Empowering Under-resourced neighborhoods to thrive
Activity Report <small>Quarter 1 (7/1- 9/30)- Due by 10/15 Quarter 2 (10/1- 12/31)- Due by 1/15 Quarter 3 (1/31- 3/31)- Due by 4/15 Quarter 4 (4/1- 6/31)- Due by 7/15</small>	Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 4 <input type="checkbox"/>

Youth Center in Operation	27 th & K	McCombs	McNamara Park	Stephen Leonard
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost or Required In-kind for Participation (Indicate- daily, weekly, monthly, or annually)	
After School Membership	Special Camps

Duration Program/Center was Open this Period		
Days Open for Programming	Hours Per Day	Total Hours
Special Events/ Camp Hours		
Total Hours Open for Service in the Reporting Period		

Participants Served Afterschool (unduplicated)	
At the Youth Center	
Outside of Youth Center but in City of Merced (List Location(s) served)	
Participants Served through Special Events/Camps	
At the Youth Center	
Outside of Youth Center	
Total Number of Service Contacts	
Number of youth x times they were served	

Demographic Information of Youth Served Afterschool (number of youth in each category if available)						
Ages	Preschool age (0-5)		School Age (6-17)		Young Adults (18-24)	
Ethnicity	African American	Asian	Hispanic	White	Mixed	Other/ Unknown
Zip Code of Participants	95340	95341	95344	95348	Other/ Unknown	

Staff Structure to Support Program	
Employed Staff	
Interns	
Volunteers	

Success Narrative- please describe any progress your program has experienced over the reporting period. This could include experiences with member recruitment, facility needs, partnerships formed, funding streams acquired, the addition of key staff or volunteers, or success stories of program participants. This narrative should be reflective of the data presented on page 1.

Barrier Narrative- please describe any barriers or modifications required over the reporting period. This can include any partnerships or funding lost, the loss of key staff or volunteers, or additional internal or external complications. This narrative should be reflective of the data presented on page 1.

Program Photos- Please ensure that any photographs used are authorized by a photo release approving the use of the participants image in program materials such as this report.



