

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

Organization Name			Li	LifeLine CDC							
Organizational Mission				Empowering Under-resourced neighborhoods to thrive							
Activity Repor Quarter 1 (7/1-9/30) Quarter 2 (10/1-12/3) Quarter 3 (1/31-3/3) Quarter 4 (4/1-6/31)	Quar Quar	Quarter 1									
Youth Center in 27 <sup>th</sup> &			7 <sup>th</sup> & K	K McCombs			McNamara Park Stephen Leonard				
Operation											
Cost or Requir (Indicate- daily,		=			Participants Served Afterschool (unduplicated)						
			pecial Cam	al Camps			the Youth Center				
							tside of Youth Cent t in City of Mercec st Location(s) serve	i			
Duration Pr		Open this Period			(List Location(s) serveu)						
Days Open for Programming				Total Hours			Participants	Served	l through	n Special	
							Events/Camps				
Special Events/ Camp							At the Youth Center				
Hours							Outside of Youth Center				
Total Hours Open for Service in the Reporting							Total Number of Service Contacts				
Period							Number of youth x times they were served				
Demograph	ic Inforn	nation o	of Youth S	erved	Afterscho		umber of youth		category	vif available)	
	<del> </del>	()									
Ages	Preschool age		i age (U-5)	(0-3)		chool Age (6-17)		T	Young Adults (18-24)		
Ethnicity	African American		Asiaı	า	Hispanic		White	Mi	xed	Other/ Unknown	
Zip Code of Participants	95340		9534	1	95344		95348		Other/ L	Jnknown	
			1					<u> </u>			
Staff Structure to Support Program											
Employed S			ed Staff								
Interns											

Volunteers

Consequential and a series of
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.
That rative should be reflective of the data presented on page 1.
<b>Barrier Narrative-</b> please describe any barriers or modifications required over the reporting period. This can
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
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<b>Program Photos-</b> 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.								



















