

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

| Organization Name | LifeLine CDC | | | | |
|---|--------------------|--|----------------|---------------|-----------------|
| Organizational Mission | | Empowering Under-resourced neighborhoods to thrive | | | |
| Activity Report 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 | | Quarte Quarte Quarte Quarte | r 2 🔲 r 3 🔲 | | |
| Youth Center in | 27 th & | К | McCombs | McNamara Park | Stephen Leonard |
| Operation | | | | | |

| Cost or Required In-kind for Participation (Indicate- daily, weekly, monthly, or annually) | | | Participants Served Afterschool (unduplicated) | | |
|---|---------|---------------------------|--|---------------------|--|
| After School Membership Special Camps | | Special Camps | At the Youth Center | | |
| | | | Outside of Youth Center but in City of Merced | | |
| Duration Program/Center was Open this Period | | (List Location(s) served) | | | |
| Days Open for | Hours | Total Hours | | | |
| Programming | Per Day | | Participants Serv | ved through Special | |
| | | | Event | s/Camps | |
| Created Events | | | At the Youth Center | | |
| Special Events, Hours | Camp | | Outside of Youth Center | | |
| Total Hours Open for Service in the Reporting | | | Total Number of Service Contacts | | |
| Service in the Re | | | Number of youth x | | |
| | | | Total Number o | of Service Contacts | |

| 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 | 95340 | 95341 | 95344 | 95348 | Other/ U | Unknown |
| Participants | | | | | | |

| 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 use of the participants image in program materials suc | used are authorized by a photo release approving the characteristic characteristics and the characteristic characteristic characteristic characteristics and the characteristic characteristi |
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