

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

MERCED	•				•				•	•	
Organization Name											
Organizational Mission											
Activity Report Quarter 1 (7/1- 9/30) Quarter 2 (10/1- 12/31) Mid -Year (Quarter 1 and 2) Quarter 3 (1/31- 3/31) Quarter 4 (4/1- 6/30) Yearly (Quarter 1,2,3,4)			Year	Options Quarter 1, Quarter 2, Mid Year (Quarter 1 & 2), Quarter 3, Quarter 4, Year End (Quarter 1-4) Q1 Q2 MY (Q1&2) Q3 Q4 YE(Q1-4)							
Youth Cen	ter in	27 th 8	ιк	K McCombs			McNamara Parl		Stephen Leonard		
Operati		27	X IV	, K WICCOMBS		Wichamara Fark			Stephen Zeonara		
Operati											
Cost or Required In-kind for Partic				cipation			nbership	Spe	Special Events/ Camps		
(Indicate- daily, weekly, monthly, or a				-						-	
								1.05:			
	Duration Program/Center was Open this Period Days Open Hours per Total Hours					Participants Served Afterschool (unduplicated)					
Days Open Month 1	Day					At the Youth Center					
							utside of Youth Cer	nter			
Days Open Hours per		er	Total Hours			but in City of Merced					
Month 2 Day						st Location(s) serve					
Days Open Hours per		er	Total Hours			Outside of Merced City					
Month 3 Day			10001110015			outside of Merced city					
							Participants Served through Special Events/Camps				
Special Events/ Camp Hours							At the Youth Center				
Total Hours Open for							utside of Youth Cer	nter			
Service in the Quarter											
Demograp	hic Infor	mation of \	outh S	Served	Afterscho	ol (ı	number of youth	in each c	ategor	y if available)	
Ages Preschool a			e (0-5)			chool Age (6-17)			Young Adults (18-24)		
Ethnicity	Afri	can	Asian		Hispanic		White	Mixe	ed	Other/	
	Ame	rican								Unknown	
Zip Code of	953	95340		1	95344		95348		Other/ Unknown		
Participants											
	 [,	01	c.				· 			
				cture to Si	uppo	ort Program					
		mployed 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 parrative should be reflective of the data presented on page 1.
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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.







