

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)	uarter 1, Q Quarter 1-4 Q2	(Quarter Q3	1 &2), Q Q4	uarter 3, Quarter 4, YE(Q1-4)

Youth Center in	27 <sup>th</sup> & K	McCombs	McNamara Park	Stephen Leonard
Operation				

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

Duration Program/Center was Open this Period			Participants Served Afterschool (unduplicated)		
Days Open	Hours per	Total Hours	At the Youth Center		
Month 1	Day				
			Outside of Youth Center		
Days Open	Hours per	Total Hours	but in City of Merced		
Month 2	Day				
			(List Location(s) served)		
Days Open	Hours per	Total Hours	Outside of Merced City		
Month 3	Day				
			Participants Served thro	ough Special Events/Camps	
Special Eve	nts/ Camp				
Но	urs		At the Youth Center		
Total Hours Open for			Outside of Youth Center		
Service in the Quarter					

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/	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 used are authorized by a photo release approving the use of the participants image in program materials such as this report.