

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 Center in		27 th 8	ιк	K McCombs		McNamara Park			Stephen Leonard		
Operati		27	Wiccombs		MICCOTTIDS				Stephen Leonard		
Operation											
Cost or Required In-kind for Partic				cipation			nbership	Spe	Special Events/ Camps		
(Indicate- daily, weekly, monthly, or a				-			<u> </u>			•	
								1.05:			
	Duration Program/Center was			•			Participants Serve	ed Afterso	chool (unduplicated)	
Days Open Month 1	Hours po	per Total Hours				At	the Youth Center				
							itside of Youth Cer	nter			
Days Open Hours per		r Total Hours				but in City of Merced					
Month 2	Day					(List Location(s) served)					
Days Open Hours per		er	Total Hours				Outside of Merced City				
Month 3 Day		, otal mount				Subject of Merced City					
							Participants Served through Special Events/Camps				
Special Events/ Camp Hours							At the Youth Center				
Total Hours Open for							ıtside 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	Р	reschool ag	(0-5)			chool Age (6-17)			Young Adults (18-24)		
Ethnicity	Afri		Asian		Hispanic		White	Mixe	ed	Other/	
	Amei	rican								Unknown	
Zip Code of	053	240	95341		95344		95348		Other/ I	Inknown	
Participants	95340		33341		33344		33340		Other/ Unknown		
				Staff Structure to Support Program							
Employed :											
	-	Interns									
	-	Volunteers	i								

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.