

## 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 <sup>th</sup> 8	R, K	K McCombs		McNamara Park			Stephen Leonard		
Operati		27			MICCOTTIDS	IVICIVALITATA I AIR			Stephen Leonard		
operation -											
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			•	•			Participants Served Afte			unduplicated)	
Days Open Month 1	Hours p	·				At the Youth Center					
	,						utside of Youth Cer	nter			
Days Open Hours per		er Total Hours				but in City of Merced					
Month 2	Day					(1:	-+  +:/-\				
Days Onen Harris ner		Tatalilla			(List Location(s) served)						
Days Open Hours per Month 3 Day		r Total Hours				Outside of Merced City					
2						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 '	Youth S	Served	Afterscho	ol (ı	number of youth	in each c	ategor	y if available)	
Ages	Р	reschool ag	e (0-5)	(0-5) So			Age (6-17)	Yo	Young Adults (18-24)		
Ethnicity	African American		Asian		Hispanic		White	Mixe	d	Other/ Unknown	
	Ame	ricari								UNKNOWN	
Zip Code of	953	340	95341		95344		95348		Other/I	Jnknown	
Participants	33340		33341		JJJ <del>T4</del>		33340		Stricty Strictiowit		
							<u> </u>				
		Sta	Staff Structure to Support Program								
Employed S			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.
<b>Barrier Narrative</b> - 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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<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.