# Formula Grant Performance Measurement Report

**Subrecipient:**

**Project title:**

**Project period** From: ___________ To: ___________

**Final Report** ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Qtr.</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Qtr.</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Qtr.</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Qtr.</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/1-12/31</td>
<td>1/1-3/31</td>
<td>4/1-6/30</td>
<td>7/1-9/30</td>
<td></td>
</tr>
</tbody>
</table>

**Youth Served**

- # Carried Over from Previous Qtr./Fiscal Yr.
- # New Admissions
- # Total Served During Quarter
- # Successfully Completed
- # Exiting Program Unsuccessful Completion
- % Youth Successfully Completing
- # Youth with a new Offense
- % Youth with new offense

**Substance Abuse**

- # Youth with Noted Behavioral Change
- Percentage

**Antisocial Behavior**

- # Youth with Noted Behavioral Change
- Percentage

**Family Relationships**

- # Youth with Noted Behavioral Change
- Percentage

**Social Competencies**

- # Youth with Noted Behavioral Change
- Percentage

**Narrative:** (add page if needed)

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**Project Director’s signature**

☐ I have examined the information provided here and certify it is accurate. I am the signing authority for this grant.

**Date**

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**Financial Officer’s signature**

☐ I have examined the information provided here and certify it is accurate. I am the signing authority for this grant.

**Date**

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E-mail form to: idjcgrants@idc.idaho.gov

Revised 10-2019