

Formula Grant Performance Measurement Report

Subrecipient: _____ Project number: _____

Project title: _____

Project period From: _____ To: _____ Final Report Yes No

	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Year to Date
Performance Measure	10/1-12/31	1/1-3/31	4/1-6/30	7/1-9/30	
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)

Project Director's signature

Date

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

Financial Officer's signature

Date

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