



# Formula Grant Performance Measurement Report



Project Name: \_\_\_\_\_

Subrecipient: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Period From: \_\_\_\_\_ To: \_\_\_\_\_ Final Report  Yes  No

Performance Measure	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.	Year to Date
	10/1 – 12/31	1/1 – 3/31	4/1 – 6/30	7/1 – 9/30	
<b>Youth Served</b>					
# 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					
<b>Substance Abuse</b>					
# Youth with Noted Behavioral Change					
Percentage					
<b>Antisocial Behavior</b>					
# Youth with Noted Behavioral Change					
Percentage					
<b>Family Relationships</b>					
# Youth with Noted Behavioral Change					
Percentage					
<b>Social Competencies</b>					
# Youth with Noted Behavioral Change					
Percentage					

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Narrative: (add additional pages if needed)

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

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Project Director's signature

Date

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Financial Officer's signature

Date