Quarterly Program Reporting Form

FY25 Quarterly Reporting Dates

July 1, 2024 – September 30, 2024

October 1, 2024 – December 31, 2024

January 1, 2025 – March 31, 2025

April 1, 2025 – June 30, 2025

Project/Program Name: _____

Host Agency: _____

DEMOGRAPHIC INFORMATION OF CHILDREN SERVED

Numbers this reporting period by gender		**Numbers year-to-date by gender (unduplicated)**	
Male:		Male:	
Female:		Female:	
Other:		Other:	
Total:		Total:	

Numbers this reporting period by age		**Numbers year-to-date by age (unduplicated)**	
0-5:		0-5:	
6-11:		6-11:	
12-17:		12-17:	
18 and Over:		18 and Over:	
Total:		Total:	

If applicable – Number of new families served this period: _____

Numbers this reporting period by race		**Numbers year-to-date by race (unduplicated)**	
Native American:		Native American:	
Asian:		Asian:	
Black:		Black:	
Bi-Racial:		Bi-Racial:	
New African American:		New African American:	
Hispanic:		Hispanic:	
White:		White:	
Unknown:		Unknown:	
Other:		Other:	
Total:		Total:	

ZIP codes of families served (list number of families in each ZIP code):

56514 (Barnesville):	56547 (Glyndon):	56560 (Moorhead):
56525 (Comstock):	56549 (Hawley):	56580 (Sabin):
56529 (Dilworth):	56552 (Hitterdal):	56585 (Ulen):
56536 (Felton):		Other: 56511 –
		Total

OUTCOMES

Complete areas that correlate with your FY25 work plan:

Category	Goal/Objective	Proposed Activity
Strengthen Resilience & Protective Factors of Families, Schools & Communities		
Outreach/Early Intervention/Identification		
Collaboration with families and partners		
Cross agency planning and coordination		
Promote Mental Health & Well-Being of Children, Youth & Young Adults		
Support Healthy Growth & Social Emotional Development of Children, Youth & Young Adults		
Other:		

Please list any barriers you experienced in providing programming to children, youth and families:

What do you see as the biggest need in our county in the children's mental health system of care?

PROGRAM FUNDING

Clay County Collaborative Annual Approved Funding:$ _____

Quarterly Funding Worksheet

Clay County Collaborative	Partnering Agency Funds	In Kind (i.e. office space, supplies)	Other Funds	Quarterly Total	YTD Actual

Note: If more than one partnering agency provides in kind donation for this program, please provide the estimated total of all in-kind donations given in the table.

Use the space below to provide any additional narrative about the program funding or in-kind:

Agencies providing funding for program:

Agencies providing in-kind donations for program (list type of donation and agency name):

Submitted By: _____

Date: _____