



TOWN OF CARRBORO HUMAN SERVICES PROGRAM
 PROGRESS REPORT FY21
 JANUARY 31, 2021

AGENCY NAME: _____ TOTAL GRANT AMOUNT: _____

CLIENTS SERVED: Please list the total number of persons served in each category. Please complete for each program funded by the Town of Carrboro Human Services Program.

PROGRAM NAME: _____

Client Characteristics	Current Year Projected Total (from FY 20-21 Application)	First Six Months Actual (July 1, –Dec. 31, 2020)
Men		
Women		
Nonbinary/ Gender Queer		
Self-Describe		
Total		
Black or African- American		
American Indian or Alaska Native		
Asian		
White		
Native Hawaiian or other Pacific Islander		
OTHER		
Total		
Of the above, how many Hispanic/Latinx		
Of the above, how many non-Hispanic/Latinx		
Total		
0- 5 Years		
6-18 Years		
19 -50 Years		
51 + Years		
Total		
Chapel Hill Public Housing Resident		
Town of Chapel Hill		
Town of Carrboro		
Orange County (Outside Chapel Hill / Carrboro)		
Outside of Orange County		
TOTAL		

PERFORMANCE INDICATORS:

Please complete the following chart with information about the Strategic Objective, Intermediate Result, and the Agency Performance Indicator for funded program(s) and service(s). (If you are reporting on more than one performance indicator, please make additional copies of the table as needed).

Strategic Objective	<input type="checkbox"/> Children improve their educational outcomes					
	<input type="checkbox"/> Residents Increase their livelihood security					
	<input type="checkbox"/> Residents improve their health outcomes					
Intermediate Result	<i>Insert Intermediate Result here.</i>					
	RESULTS	Last Year Actual Result Total (FY 19-20)	Current Year Projected Result Total (from FY 20-21 Application)	First Six Months Results (July 1 – Dec 31, 2020)	Projected Second Six Months Results (Jan 1 – June 30, 2021)	Projected Current Year Result Total (July 1, 2020 – June 30, 2021)
Performance Indicators						

**Please add additional rows as needed.*

If you are not on track to achieve the results outlined in your work statement, please provide an explanation of the challenges that have prevented you from making progress and the measures your organization will take to achieve the identified results.

If your proposed program has changed in response to the COVID-19 pandemic, please explain how you have adjusted to meet the need.

EXPENDITURES: *Please detail how Town of Carrboro funds were spent for this grant between July 1-December 31, 2020.*

If you do not intend to apply for FY2021-2022 Carrboro Human Services funding, please attach a copy of the Agency's most recent audit, financial statement, or other financial report (e.g., annual financial report filed with North Carolina Secretary of State).

Name and Title of Person Completing Form: _____

Signature _____ **Date** _____

Agency Director Signature: _____