**Fiscal Year 2021 Out of School Time Grants Program Report**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grantee Name |  | | | | | Date |  | |
| Name and Email of Person Submitting Report | |  | | | | | | |
| Total Number of **Youth Actually Served by Organization** per reporting period | | | | | | | | |
| 10/1/2020 – 1/31/2021 | | | | 2/1/2021 – 5/31/2021 | | 6/01/2021 – 9/30/2021 | | |
|  | | | |  | |  | | |
| Total Number of **Youth Actually Served by OST grant funds** **- by Grade Level per reporting period** | | | | | | | | |
|  | | | 10/1/2020 – 1/31/2021 | | 2/1/2021 – 5/31/2021 | | | 6/01/2021 – 9/30/2021 |
| K (Kindergarten) | | |  | |  | | |  |
| Grade 1 – 3 (Primary School) | | |  | |  | | |  |
| Grade 4 – 5 (Primary School) | | |  | |  | | |  |
| Grade 6 – 8 (Middle School) | | |  | |  | | |  |
| Grade 9 – 12 (High School) | | |  | |  | | |  |
| Total | | |  | |  | | |  |

1. Share a success story that illustrates the impact the program has made on the children/youth served during the reporting period.
2. Have there been any challenges or obstacles that have prevented your organization from implementing the program, or barriers to achieving the goals and objectives of the grant agreement, and if so, what has/ will the organization do to overcome those barriers?
3. Provide the status of your commitment to participating in the Quality Improvement Process by completing a program self-assessment at a minimum of one (1) program site. What has been achieved, changed or improved as a result of the self-assessment? Have there been any challenges or obstacles with respect to implementing the self-assessment, and if so, what has the organization done to overcome those barriers?
4. Share any other relevant information, news, media, events, awards, or other activities that the organization wishes to highlight with respect to the program.