

**Tompkins County Youth Services Department  
2011 Municipal Annual Report Form**

**Sponsoring Municipality:** \_\_\_\_\_

Complete the questions below for each YOUTH SERVICE or RECREATION PROGRAM supported by County or State funding. Use this as your master, it can be duplicated.

**Name of Program:** \_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_

|  |                     |           |
|--|---------------------|-----------|
|  | <b>County Funds</b> | <b>\$</b> |
|  | <b>State Funds</b>  | <b>\$</b> |

Brief description of program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Youth served:** (unduplicated count) Male \_\_\_\_\_ Female \_\_\_\_\_

Age: 0-4 \_\_\_\_\_ 5-9 \_\_\_\_\_ 10-15 \_\_\_\_\_ 16-20 \_\_\_\_\_

Are any youth-low income? (As defined by program) Yes \_\_\_ No \_\_\_ Approximate % \_\_\_\_\_

Does your program offer scholarships? Yes \_\_\_ No \_\_\_ Number of scholarships in 2011 \_\_\_\_\_

Approximate % of youth who were referred \_\_\_\_\_%

By whom (e.g. School, DSS, Probation, other community program)? \_\_\_\_\_

Number of young people (under 21) employed by the program \_\_\_\_\_

**How was the Program Evaluated?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were program goals met? Yes \_\_\_ No \_\_\_ Partially \_\_\_\_\_

Do you have a need for technical assistance or training? Yes \_\_\_ No \_\_\_

Specifically \_\_\_\_\_

**Prepared by** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Title)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Return completed form no later than February 10, 2012 to: Tompkins County Youth Services Dept.  
320 W. ML King Jr. Street (W. State St.)  
Ithaca, NY 14850**

**(Don't forget to include a brief success story!)**

If you have questions please call me at 274-5310, fax # 274-5313

*This form is also available [www.tompkins-co.org/youth](http://www.tompkins-co.org/youth), on the publications page*