



State of New York
 County of Broome Government Offices

Parks, Recreation, & Youth Services
 Jason T. Garnar, County Executive · Brenda L. Gowe, Director

**Broome County Youth Bureau
 2024-2025 Mid and Final Program Report**

Due Dates (year-round): Midway Report: March 3rd Final Report: October 31st
In addition to the final report, programs will be required to complete OCFS Form 5007

Agency: _____
 Program: _____
 Contact Person: _____
 Quarter: _____

1. Number of youth served during current quarter: _____

2. Number of youth in each category served during current quarter

Ages	Number
0-4	
5-9	
10-14	
15-17	
18-20	
21+	
Total *must match number 1 amount	

Ethnicity	Number
White	
Black or African American	
Hispanic or Latino	
American Indian or Alaskan Native	
Asian	
Native Hawaiian or other Pacific Islander	
2+ Races	
Other	
Choose to not disclose	
Total *must match number 1 amount	

Gender	Number
Male	
Female	
Choose not to disclose	
Total *must match number 1 amount	

3. Program Outcomes/Successes

Please describe the progress toward meeting each of stated program outcomes from your Broome County Youth Bureau application and contract. Discuss the services provided to achieve the outcomes.

4. Program Obstacles/Challenges

List any obstacles or barriers (if any) to reaching the program outcomes.

5. Program Monitoring

Describe the monitoring activities that have taken place.

6. Program Evaluation

Describe the evaluation activities that have taken place.

Program Director's signature

Date