

**YEAR-END ACCUMULATIVE AGENCY CLOSEOUT REPORT  
OF CLIENTS SERVED FOR FY 2009/10**

**Leon County Human Services Division**

Agency Name: \_\_\_\_\_ Program Title: \_\_\_\_\_

Reporting Period covers from October 1, 2009 – September 30, 2010

1. Aggregate Benefit	Client Demographics					
	Total	White not Hispanic Origin	African-American not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander
a. Persons Served						
Male						
Female						
Low Income						
Very Low Income						
Very, Very Low Income						
Total Number of Clients Served						
Total Female Headed Households (only provide a total number—do not separate by race)						
b. Age Groups of Clients						
0-5						
6-12						
13-18						
19-25						
26-39						
40-54						
55 - above						
Total Number of Clients Served						

2. Census Tract Data		Number of Clients Served By Census Tract Area for FY 2009/10			
Census Tract Number	Number of Clients Served In Census Tract Area	Census Tract Number	Number of Clients Served In Census Tract Area	Census Tract Number	Number of Clients Served In Census Tract Area
2		15		24.05	
3.01		16.01		24.07	
3.02		16.02		24.08	
3.03		17		24.09	
4		18.01		24.10	
5		18.02		25.02	
6		19		25.04	
7		20.01		25.05	
8		20.02		25.06	
9.01		21.01		26.01	
9.02		21.02		26.02	
10.01		22.01		27	
10.02		22.03		City-wide	
11.01		22.04		County-wide	
11.02		23.02		**Homeless	
12		23.03		Other: Specify	
13		23.04			
14		24.03			

**\*\*Persons without stable living arrangements**

<b>3. Record of Contributions for FY 2009/10</b>	
<b>Type of Activity</b>	<b>Total Dollar Value</b>
<b>Volunteer Services</b>	
<b>In-Kind Contributions (such as furniture, computers, etc.,)</b>	
<b>Fundraisers</b>	
<b>Other (please specify)</b>	
<b>TOTAL VALUE OF CONTRIBUTIONS FOR FY 2008/09</b>	

#### **4. FY 2009/10 PROGRAM ACCOMPLISHMENTS**

1. Progress toward meeting contract goals and objectives; *list program goals/objectives as stated in the Agency Agreement* and describe specific program accomplishments during fiscal year 2009/10, for each of the program goals/objectives.
2. Discuss any significant obstacles encountered in meeting stated goals/objectives.
3. Please *list major collaborative accomplishments* achieved during fiscal year 2009/10.

4. Please give suggestions in reference to how the Human Services Division can better respond to your agency's contractual needs.
  
5. What are the most significant needs of your agency in regards to training, technical assistance and resources?
  
  
6. Any additional comments are welcome.

**Verification Section**

Year-End Report Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_