TOWN OF CHAPEL HILL HUMAN SERVICES PROGRAM
SEMI-ANNUAL PROGESS REPORT FY22
REPORT 1: ☐ July 1 - December 31, 2021
REPORT 2: ☒ January 1 - June 30, 2022

AGENCY NAME: _Boomerang Youth, Inc. _____ **TOTAL GRANT AMOUNT:** _$9,100_____

EXPENDITURES: *Please detail how Town funds were spent for this grant reporting period.*

EXPENDITURES (provide itemized list)	AMOUNT (July 1, - Dec. 31, 2021	AMOUNT (Jan. 1, - June 30, 2022)
Salary Costs (Program Manager)	$4,550	$4,550
TOTAL		

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

PROGRAM NAME: _STRIVE_____

Client Characteristics	Current Year Projected Total (From FY 21-22 Application)	First Six Months (July 1, –Dec. 31, 2021)	Second Six Months (Jan. 1, - June 30, 2022)	Current Year Actual Total (July 1, 2021 – June 30, 2022)
Men	100	29	51	80
Women	50	5	18	23
Nonbinary / Gender Queer	0	0	0	0
Self-Describe	0	0	0	0
Total	150	34	69	103
Black or African-American	65	13	36	47
American Indian or Alaska Native	0	0	1	1
Asian	5	1	2	3
White	70	20	21	42
Native Hawaiian or other Pacific Islander	0	0	0	0
OTHER	10	0	9	10
Total	150	34	69	103
Of the above, how many Hispanic/Latinx	45	8	15	23
Of the above, how many non-Hispanic/Latinx	105	26	54	80
Total	150	34	69	103
0- 5 Years	0	0	0	0
6-18 Years	150	34	69	103
19 -50 Years	0	0	0	0
51 + Years	0	0	0	0

Total	150	34	69	103
Chapel Hill Public Housing Resident	85	*N/A	*N/A	*N/A
Town of Chapel Hill	15	18	45	63
Town of Carrboro	50	5	5	10
Orange County (Outside Chapel Hill / Carrboro)	0	11	18	29
Outside of Orange County	0	0	1	1
TOTAL	150	34	69	103

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). The information found in Exhibit A of your Performance Agreement. (If you are reporting on more than one performance indicator, please make additional copies of the table as needed).

Strategic Objective *(please choose one from the Results Framework)*	☒ **Children improve their educational outcomes**
	☐ **Residents Increase their livelihood security**
	☐ **Residents improve their health outcomes**

Intermediate Result	*Insert Intermediate Result here. 1.2: Children demonstrate new grade-level appropriate skills (grades K-12)*				
RESULTS	**Last Year Actual Result Total (FY 20-21)**	**Current Year Projected Result Total (from FY 21-22 Application)**	**First Six Months Results (July 1 – Dec 31, 2021)**	**Second Six Months Results (Jan 1 – June 30, 2022)**	**Current Year Actual Result Total (July 1, 2021 – Jun 30, 2022)**
Performance Indicators					
65% of program participants express greater confidence in their ability to be successful at school	91% (N=17) **	98 out of 150	100% (N=34)	85% (N=69)	93% (n=103)
75% of students achieve	59% (N=17)	113 out of 150	100% (N=34)	83% (N=69)	91% (n=103)

	an academic and/or personal goal upon return to school *(follow up subject to parent consent)*						
	85% of students attending for a minimum of 3 days or 4 virtual sessions successfully complete the program	N/A* (see note below)	128 out of 150	100% (N=34)	49% (N=69)	74.5% (n=103)

*****Please add additional chart and rows as needed.**

*Note: Because Boomerang had to pivot programming to accommodate virtual school, the originally named performance measures did not apply at the end of FY21. Students we served were not 'suspended,' but did return to school during the last quarter of the year. Hence they are not "attending for a minimum of 3 days". STRIVE (ATS) programming changed to a virtual model, and we served vulnerable students (as identified by guidance counselors) while they attended virtual school and transitioned back to in-person instruction. Staff created exit questions to measure increased connection and increased academic success.

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.

Name and Title of Person Completing Form: __Tova Hairston, Executive Director_____

Signature_____ **Date**__7/8/2022_____

Agency Director Signature: _____