Facility Reuse Report

Organization Name [ ]   **Contact Name** [ ]
Reuse Facility Name [ ]   **E-mail address** [ ]
    Report Period [ ]

SERVICE DATA *(for the reuse site only)*

ACTIVITY	Average no. Participants	Number of Sessions	Hour(s) per Session	Units of Service
			TOTAL UoS	

Definitions
Activity: scheduled program, class, support group, special event, structured outreach activity, etc… Do not count office time or drop-in availability toward Units of Service.
Session: one meeting of the activity
Units of Service = average number of participants x sessions x hours per session

Unduplicated Participants Served in Reporting Period **(Unique participants registered for all programs and activities)**	

Facility Reuse Report

PERFORMANCE MEASURES *(for the reuse site only)*

TOOL (data collection method)	GOAL (% target of measurement)	RESULTS (% of survey results)
Client Registration *(address)*	75% of customers live in San Jose	
Client Satisfaction Survey *(Multiple Choice: Yes/No)*	20% of customers are participating for the first time in a service	
Client Satisfaction Survey *(Multiple Choice: Excellent, Good, Average, Needs Improvement)*	80-85% of participants' rate services as "good" or "excellent"	
Client Satisfaction Survey *(Multiple Choice: Excellent, Good, Average, Needs Improvement)*	80-85% of participants' rate the facility as being clean and well maintained	
Client Satisfaction Survey *(Multiple Choice: Yes/No)*	85% of "senior" participants rate the services as making a "positive difference" in the individual or family's life (if applicable)	
Client Satisfaction Survey *(Multiple Choice: Yes/No)*	85% of "senior" participants rate the services as providing the participant with "increased social opportunities" or "decreased isolation" (if applicable)	
Client Satisfaction Survey		
Client Satisfaction Survey		
Survey Collection *(# of surveys collected)*	50% of registered participants will submit survey results	

Facility Reuse Report

FINANCIAL *(for the reuse site only)*

List all activities- free and fee-generating. If a drop-in program features a fee, please indicate fee per individual per drop-in session.

Revenue Collected

Activity	Fee per Individual	Total Revenue Collected
TOTAL	*n/a*	

Expenses Incurred

Only list activities with associated expenses.

Activity	Expense Type	Expense Total
TOTAL	*n/a*	

NARRATIVE *(for the reuse site only)*

General description on the status of programs provided at the center. Articulate accomplishments and challenges. 1-2 pages

PLANNED ACTIVITIES *(for the reuse site only)*

Attach a brochure or schedule of activities planned for the next reporting period.

For City Use Only:

Activity and Financial Report Submitted on:	
Reviewed By:	