

## Delegate Agency Scorecard

Agency Name:

Program Name:

Amount:

Contract Term: October 1, 2016 – September 30, 2017

### Select Category (Select One)

- |                               |                          |
|-------------------------------|--------------------------|
| 1. Children & Family Services | 3. Youth Services        |
| 2. Community Safety Net       | 4. Workforce Development |

### Select Program Service Indicator(s) (Select Minimum of One)

- |  |   |
|--|---|
| 1. School Success                                | 9. Seniors Healthy and Living Independently               |
| 2. 3 <sup>rd</sup> Grade Reading                 | 10. Reduction with Homelessness/Stability of Residence    |
| 3. High School Graduation Rate/Education Success | 11. Teen Pregnancy Reduction                              |
| 4. College & Career Readiness                    | 12. Youth Crime Recidivism Prevention                     |
| 5. High School Graduation Rate                   | 13. Domestic Violence Reduction                           |
| 6. Adult Educational Attainment                  | 14. Child Abuse Reduction                                 |
| 7. Long Term Job Training                        | 15. Improve Family Financial Stability/Financial Literacy |
| 8. Removing Family Barriers                      |   |

### Outcomes/Results Measures

1.

2.

3.

Additional:

### Outputs

1. Unduplicated Clients

2.

3.

Additional:

**Data Source and Reporting**

- 1.
- 2.
- 3.

**Quality Standards**

- 1.
- 2.
- 3.

**Explanatory Notes**

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