Monthly Report for Grant (Instructions)

- 1 Click on the FY20 tab at the bottom.
- **2** Enter the reporting agency name by using the drop down box.
- 3 Each Child's information must be entered on a separate line.
- 4 Enter the Child's name, DOB, Age at Enrollment, Referral Date, Enrollment Date, and Match Date (if applicable).
- 5 Eligible youth identified for services will be screened an must possess at least 2 of the 13 risk factors.
- **6** Enter the 2 identified Risk Factor by using the drop down box for the list.
- 7 Enter the type of service provided to the youth during the month by using the drop down box.
- 8 Enter any comments you might feel the department needs to be inform about the youth.
- 9 Save your spreadsheet often. Do not forget to save it before closing it.
- **10** Email the workbook to Angelique Gaxiola (Angaxiola@epcounty.com) and Arlette Franco (afranco@epcounty.com) no later than 5 working day from the last day of the month for which payment is requested.

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								MASTER MON	THLY REPORT					
2019-August 31,2020													P=Parent/Guardian	NEW MATCHES
REPORTI	NG AGENCY:	1	Big Brothers Big S	Sisters									C=Child	1 YEAR MATCHES - POS
													V=Volunteer	3 MONTH MATCH - SOR
ENROLLMENT DATE	Match Open Date	Match Close Date	Child First Name	Child Last Name	Custodial Adult Fname	Custodial Adult Lname	Relationship to Child	Vol First Name	Vol Last Name	RISK FACTOR	RISK FACTOR	Date of BP Training	Activities (Date/Type)	COMMENTS
	I											1	I	I