Santa Clara County/Behavior Health Services Dept.
Substance Use Prevention Services
Contract – Quarterly Report

SECTION I – DATA COLLECTION

Please include the following:
Agency Name__________________________________________________________
Name of funded program________________________________________________
Report submitted by __ Name, phone number and email of person submitting the report ________________
Date Report Submitted___________________________________________________

Quarterly reports should be submitted in MS Word not PDF. Quarterly reports are due October 31, January 31, April 30, and July 31. Please check the appropriate box below for this report:

___ Q1- (July 1-September 30) ___ Q2- (October 1-December 31) ___ Q3- (January 1- March 31) ;and
___ Q4- (April 1-June 30).

A. SERVICE DELIVERABLES SECTION

Complete the following table each quarter:

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Q1 (Jul 1- Sept 30)</th>
<th>Q2 (Oct 1- Dec 31)</th>
<th>Q3 (Jan 1- Mar 31)</th>
<th>Q4 (Apr 1- Jun 30)</th>
<th>Annual goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff hours</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Number of unduplicated individuals served</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Number of new groups/presentations in this quarter</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Do not include participants counted in previous quarters

B. Enter the number of unduplicated participants served in each group this quarter in the boxes below:

African-American_____ Asian_____ Caucasian_____ Latino_____ Native American _____ Other_____

SECTION II – NARRATIVE

C. List any major successes/ accomplishments/ highlights experienced during this quarter that was effective in reducing marijuana, alcohol or ecstasy use.

D. How did you evaluate program efficacy? What were the results/outcomes? And what changes, if any, have you made to the program as a result of the evaluation outcomes.

E. Were there any changes in the staffing of your program? No_____ Yes_____, Please explain.

F. Progress towards resolving any areas of concern, deficiencies or challenges noted during previous or current quarter.
   a. If challenges are ongoing, indicate progress made this quarter towards resolving the issue.
   b. If you are not on track to reach your deliverables, please describe your plan to resolve these issues.

G. Attach workflow spreadsheet (for school-based programs only)