

WBCF PROJECT DATA SHEET
PLEASE USE THIS FORM FOR YOUR MID-TERM AND FINAL REPORTS

Organization: _____ Project: _____

A. Persons Served by (WBCF Project)

	Mid-term Objective/ Target	Mid-term Actual	Grant Objective/ Target	Final Actual
1. Unduplicated persons served by WBCF funded project				
2. Client encounters/visits provided by WBCF funded project				

* Use objectives/targets for persons served and encounters/visits in Outcome Evaluation Plan

Other encounter data (as specified in the Outcome Evaluation Plan and/or Letter of Agreement.)

<u>Type of Encounter:</u>	<u>Target</u>	<u># of Encounters</u>	<u>Total (Grant YTD)</u>

B. Population Served To Date By the Project (Unduplicated numbers)

Please provide numbers, not percentages. The total in each category should correspond to the number in A-1 above. If it differs, please provide an explanation for the variation.

Gender	Male:	Female:	Total:
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	0-18	19-40	41-64	65+	Total
Age					

	Asian	Black	Hispanic	White	Native American	Other	Total
Race							

	Uninsured	Insured (Private)	Medicaid	Medicare	FAMIS	VA, Tricare Other Govt.	Total
Insurance							