

Lisa Ware

Boys & Girls Clubs of North County

Submission Date: Oct 13, 2021 6:32 PM

Organization Name: Boys & Girls Clubs of North County

Program Title: Triple Play

Person submitting the report: Lisa Ware

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	93	394
Young Adults (13-18)	7	28
Adults (18-60)	0	0
Seniors (60+)	0	0
Unknown	0	0

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	43	181
Male	57	224
Non-binary	0	0
Unknown	0	0

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	36	159
Very Low (50%0 Income (ceiling of \$53,500)	24	98
Low (80%) Income (ceiling of \$85,600)	26	109
Higher than listed limits	14	56
Unknown	0	0

How many District residents directly benefited (participant/client) from this program in this reporting quarter?
1266

Please provide the Goal 1 statement from your application. Discuss the actions within each

Improve overall health of the youth members of the Boys & Girls Clubs of North County.

objective and provide your outcome data accordingly.

Objective#1 Hire and train staff members to provide daily Triple Play activities at each of the eight sites during the school year.

Objective #2 Provide 60 minutes of vigorous physical activity each day at each of the sites for at least 400 youth a day.

Objective #3 Provide 3 family nights per year at each of the sites.

Measurement #1 Hiring and training logs will be kept to ensure that each site has a staff hired and trained to deliver Triple Play.

Measurement #2 Attendance records kept to at each site each day to track the goal of 400 youth per day. First quarter was 422.

Measurement #3 Participation counts will be kept for the family nights.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

The Fallbrook Regional Health District will be acknowledged on our social media, website, and in printed materials.

BGC mentions FRHD at least quarterly in our social media posts along with mentions on our website and in printed materials.

Participant Success Story:

In collaboration with Palomar Family Counseling and their Grandparents Raising Grandchildren group we were able to serve 8 children for free for a month of our all day summer program. This program included 2 meals and a snack, open rec swimming, fieldtrips, and daily physical activities for grandchildren being raised by grandparents.

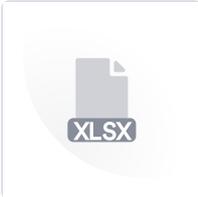
Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

We posted on our Facebook page.

Please upload one example of how the District's support for this program was publicly acknowledged.

[Triple Play Q1.pdf](#)

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.

[Copy of Quarterly Budget Report.2021 \(002\).xlsx](#)

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

n/a

Please sign your form:

First Wave
