

**Instrument 2**  
**Reach Reporting Form**

**(All grantees)**

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- How many youth participated in your program for at least one activity in the past program year?

**Youth Served:**

	# of males	# of females	Total
<b>Unknown</b>	-----	-----	
<b>Age</b>			
10 or younger			
11-12			
13-14			
15-16			
17-18			
19 or older			
<b>Grade</b>			
6 or less			
7-8			
9-10			
11-12			
GED program			
Technical/vocational training			
College			
Not currently in school			
<b>Ethnicity</b>			
Hispanic or Latino			
Not Hispanic or Latino			
Unknown/unreported			

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

	# of males	# of females	Total
<b>Race</b>			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
More than one race			
<b>Language spoken at home</b>			
English			
Spanish			
Chinese			
Other			
<b>Special populations (as applicable)</b>			
Pregnant or parenting teens			
Youth in foster care			
Homeless youth			
Youth in the juvenile justice system			
Other (describe _____ )			
<b>Total</b>			

- How many other types of clients (e.g., parents or guardians, other family members, etc.) participated in your program for at least one activity in the past program year?

**Other Clients Served, including parents and guardians:**

	# served
Parents/Guardians	
Other Clients Served (Siblings, other Family Members, Etc.)	
<b>Total</b>	