



## HUMAN SERVICES ADVISORY BOARD GRANT QUARTERLY PERFORMANCE REPORT

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Year: 2025

**Reporting Period: (check one)**

- ☐ January through March (due April 30)
- ☐ April through June (due July 31)
- ☐ July through September (due October 31)
- ☐ October through December (due January 31)

Submit report to: [cgriffith@sanmarcostx.gov](mailto:cgriffith@sanmarcostx.gov)

### PROGRAM STATUS

Please provide a written description of actions taken this period and how they helped achieve your program goals.

## PROGRAM BENEFICIARIES

For the program that received HSAB funding, please report either number of unduplicated individuals served or number of unduplicated households served.

Check one: \_\_\_\_\_ Unduplicated Individuals \_\_\_\_\_ Unduplicated Households

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year to Date
Total Served					
San Marcos Residents Served					
% San Marcos Residents					

## PROGRAM EXPENDITURES

For the final report of the year, please provide a bulleted list that briefly summarizes how the HSAB funding was spent.

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### Certification:

*I certify that to the best of my knowledge and belief the information reported in this Quarterly Performance Report is factual and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title