HUMAN SERVICES ADVISORY BOARD GRANT
~~QUARTERLY~~ ANNUAL PERFORMANCE REPORT

Agency Name: _____

Program Name: _____

Program ~~Year~~Period: ~~2025~~January 2026 – December 2026

Report Due Date: January 31, 2027

~~**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

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

Program Period	~~Jan-Mar~~ Last Year: Jan 2025-Dec 2025	This Year: Jan 2026 – Dec 2026
Total Served		
San Marcos Residents Served		
% San Marcos Residents		

PROGRAM EXPENDITURES

~~For the final report of the year, p~~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