



## 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](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

<u>Program Period</u>	<u><del>Jan-Mar</del> Last Year:</u> <u>Jan 2025-Dec 2025</u>	<u>This Year:</u> <u>Jan 2026 – Dec 2026</u>
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