EXHIBIT C
CITY OF RENTON
HUMAN SERVICES DIVISION
SERVICE REPORT

Date Submitted:

Agency Name: Sound Mental Health
Program Name: Children's Community Services
Contact Person: **Phone:**

Reporting Period: ☒ 1st Quarter, 2011 ☐ 2nd Quarter, 2011
☐ 3rd Quarter, 2011 ☐ 4th Quarter, 2011

Or Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
(please circle)

Service Report

Performance Measure	Annual Goal	Goal This Period	New Units This Period	Cumulative Units 2011
Performance Measure 1 **Unduplicated City Clients Served**	3	3	3	3
Performance Measure 2 Direct Service Hours	46	15	246	246
Performance Measure 3 Advocacy Services	47	15	164	164
Performance Measure 4				

Narrative Report:
Include information such as current trends, program developments, special events, publicity or community education efforts, etc. Be sure to address any discrepancies between the level of services actually provided and performance goals. Attach additional pages as necessary.