Guilford County EDO/EDA Performance Report (FY2022- 2023) HTTP://www.guilfordcountync.gov/



PLEASE TYPE RESPONSES ON THIS FORM AND SUBMIT ELECTRONICALLY WITH OTHER QUARTERLY MATERIALS FOR REIMBURSEMENT.

Submission Date (MM/DD/YYYY)	
7 7	
1. Quarterly Report for Month Ending (MM/	VVVV
2. Agency/Program Name	1111)
3. Agency/Program Contact Name	
4. Contact Phone Number	
5. Contact Email Address	
6. Grant Amount Awarded for FY 2022-202	23
	your organization/program/project work to
achieve during this grant cycle? (Pick on	
☐ Job creation and/or retention	☐ Increase population
□ Increase taxable property	 Increase and/or improve agricultural industries
☐ Increase and/or improve industrial	□ Increase and/or improve business
output	prospects within Guilford County

8. Program/Project Description	
How has the agency used Guilford County fund	
narrative should not change unless the scope of	•
goal(s) relevant to the grant-approved program/	/project:

a. Who is your target population?	932 B235 July H
O How many unduplicated clients/citizens have	you directly impacted?
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10. Program/Project Performance Measures

Describe your progress towards achieving your identified performance measures during this

quarter:	Due	Amilia - 1 - d	E)/ 00 00	E)/ 00 00
Program Goal(s)	Program Activity in Support of Goal	Anticipated Results for FY 22-23	FY 22-23 Target	FY 22-23 Actual (YTD)
Example: 70 of attendees will not commit major juvenile criminal infractions	Mural, Minds & Community Visual Arts Summer Camp	80 of youth participants' detention-free	85	35

	our
12. Have you matched or leveraged Guilford County funds with other revenues/contributi	one?
If yes, state the dollar amount(s):	JI13 :

13. List tangible ways that your agency has impacted County residents as a result of receiving County funds:
•
14. What alternate sources of revenue has/is the organization pursuing to support this
program?

15. Please describe any efforts made to maximize the efficiency and effectiveness of your program:		
F - 20 - 1		
40 Disease describes as a first second state "Iddilla conser" of a conser' of a		
16. Please describe any efforts made to build the capacity of your organization:		
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7. Please provide information on the following:	
a. Program Strengths	
b. Program Weaknesses	
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c. Future Plans	
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^{*}Submission of this document indicates the above reported information accurately reflects operations and activities and is in compliance with the Guilford County Contract and Award Letter.