


FY18 Outcomes Template Sample
Attachment 2

	Provider Name: Program Name:	Number of days in Quarter	Total Clients Served	Total Female	Total Male	18-24 Female
FY 16-17/ Program Outcomes	Q1	92				
	Q2	91				
	Q3	91				
	Q4	92				
FY 17-18/ Program Outcomes	Q1					
	Q2					
	Q3					
	Q4					
FY 18-19/ Program Outcomes	Q1					
	Q2					
	Q3					
	Q4					
FY 19-20/ Program Outcomes	Q1					
	Q2					
	Q3					
	Q4					