

CITY OF LOS ANGELES
 Department of Public Works
 Bureau of Engineering
 Recreational and Cultural Facilities Program

SERVICE QUARTERLY REPORT

Quarter: Jan-Mar Apr-Jun Jul-Sept Oct-Dec 200__ (check one)

Name of Agency/Project: _____	
Address of Facility / Land Acquisition: _____	
Contact Person: _____	Title: _____
Phone Number: _____	Fax Number: _____
E-Mail Address: _____	
Contract Number: _____	

PLEASE FILL OUT ALL APPLICABLE SECTIONS COMPLETELY

A. RECREATIONAL SERVICES PROVIDED IN PROPOSITION K-FUNDED PORTIONS OF FACILITY

List of Recreational Services	Days of Service	Hours of Service	Total No. of Participants (for the Qtr)
1)			
2)			
3)			
4)			
5)			

B. PLEASE ATTACH A COPY OF THE SUMMARY REPORT ON FINDINGS OF SURVEY/ EVALUATION COMPLETED BY PARTICIPANTS AND/OR PARENTS

C. PARTICIPANTS

1. NUMBER OF PARTICIPANTS SERVED PER MONTH:

Month 1	Month 2	Month 3	TOTAL

Note: Please complete **Attachment A**: Number of Participants Served (by age group, ethnicity and gender)

2. ENROLLEES

# OF PARTICIPANTS CURRENTLY ENROLLED	# OF NEW PARTICIPANTS ENROLLED THIS REPORTING QUARTER	# OF PARTICIPANTS ON WAITING LIST THIS REPORTING QUARTER (If applicable)

- a. Please explain if there have been either no changes or a significant decrease in the number of participants in program services. (Attach explanation on a separate sheet if needed)

- b. Describe what marketing techniques you are using to attract new participants, if any. (Attach copies of your marketing tools: e.g. flyers, posters)

D. TOTAL NUMBER OF HOURS (PER QUARTER) THE FACILITY/LAND ACQUISITION IS AVAILABLE FOR USE BY PROP K PARTICIPANTS: _____

- 1. HOURS OPEN ON WEEKDAYS: _____ AM TO _____ PM
- 2. HOURS OPEN ON WEEKENDS AND/OR HOLIDAYS: _____ AM TO _____ PM

IF PROJECT INVOLVES JOINT-USE OPERATION:

TOTAL NUMBER OF HOURS (PER QUARTER) THE FACILITY/LAND ACQUISITION IS AVAILABLE FOR **AGENCY'S OPERATIONAL USE**: ____ FOR _____
Agency

- 1. HOURS OPEN ON WEEKDAYS: _____ AM TO _____ PM
- 2. HOURS OPEN ON WEEKENDS AND/OR HOLIDAYS: _____ AM TO _____ PM

TOTAL NUMBER OF HOURS (PER QUARTER) THE FACILITY/LAND ACQUISITION IS AVAILABLE FOR **CITY'S OPERATIONAL USE**: ____ FOR _____
City Department

- 1. HOURS OPEN ON WEEKDAYS: _____ AM TO _____ PM
- 2. HOURS OPEN ON WEEKENDS AND/OR HOLIDAYS: _____ AM TO _____ PM

E. NUMBER OF STAFF MEMBERS EMPLOYED FOR DIRECT SUPERVISION OF OPERATIONAL PROGRAM ACTIVITY CONDUCTED IN THE FACILITY OR IN THOSE PORTIONS OF THE FACILITY CONSTRUCTED WITH PROP K FUNDS _____; RATIO (Staff to Participants) _____.

(IF MORE THAN ONE PROGRAM ACTIVITY, LIST THE RATIOS [Staff to Participants] PER PROGRAM ACTIVITY ON A SEPARATE SHEET AND ATTACH TO THIS REPORT)

F. STATUS UPDATE

1. List any minor or major problems that limit reasonable public access to the facility.
2. List any minor or major problems that prevent or hamper the continuation of program services. If any, submit a corrective action plan that includes costs, tasks, and timetables.
3. List any minor or major program modifications previously approved by the City.

G. COMMENTS (OPTIONAL)