



Mentorship for Independent Living

Monthly Performance Progress Report

Submitted through GEMS no later than the 15th of every month for the previous month.

Grantee:

Award #:

Contact Name: _____

Phone: _____

PART ONE:

Grant Requirement	Monthly Count	Cumulative Totals
Number of referrals received		
Number of new youth enrolled		
Number of mentors matched with a youth		
Number of youth matched with a mentor		
Number of mentors retained from previous month not matched		
Number of youth exhibiting desired change in school attendance		
Number of youth exhibiting desired change in academic achievement		
Number of youth exhibiting desired change in employment achievement		

Services Provided and Accomplishments:

Special Activities:

Specific technical assistance needs:

Success stories: