DEPARTMENT OF DEFENSE YOUTH PROGRAM ANNUAL SUMMARY OF OPERATIONS

REPORT CONTROL SYMBOL DD-P&R(A)2154

INSTRUCTIONS

Complete the following information for your Service. If the information is available for Reserve and other youth programs under your Service's jurisdiction, complete a separate form. Choose a date in July and a date in September that best represent your programs and record data for specific entries noted with an asterisk (*).

1.	BRANCH OF SERV	ICE/DEFENSE A						2. TIME PERIOD COVERED (1 OCT XXXX - 30 SEP XXXX)					
3.	TOTAL INSTALLA	TIONS PROVID	ing Youth	PROGRA	MS (YP)*	a. Total	numbe	er of installat	ions pro	viding a	a youth sponsor	ship program*	
b.	How many installa	tions offer:				I							
(1) Program Activities (5) Adv					venture Activities			(9) Vacat			Camps		
(2) Residential Camps (6) Spec					cial Events				(10) Teen Programs				
(3) Instructional Classes (7) Core				(7) Core	re Programs								
(4) Sports Programs (8) Special					ialty Camps								
4.	TOTAL NUMBER C	F FACILITIES [DESIGNATE	D AS:	5. WHAT	IS THE E	NROLL	MENT FOR E	ACH PR	OGRAI	M ON:		
a.	Youth Centers*				a. Date in September ()			b. Date in July (XX):					
b.	o. Teen Centers*				(1) Program Activities				(1) Program Activities				
c. Which of the following types of facilities do you use					(2) Residential Camps				(2) Residential Camps				
	to provide services to youth? (X all that apply)					ıctional Cl	asses		(3) Instructional Classes				
	(1) Off-installation		(4) Sports Programs				(4) Sports Programs						
	(2) On-installation		(5) Adventure Activitie				(5) Adventure Activities						
	(3) On-installation		(6) Special Events				(6) Special Events						
	organizations		(7) Core Programs				(7) Core Programs						
	(4) On-base facilities				(8) Specialty Camps				(8) Specialty Camps				
	(5) Contracted fa	(9) Vacation Camps				(9) Vacation Camps							
	(6) Other (Specify) (10) Teen												
6. NUMBER OF CHILDREN WITH SPECIAL NEEDS 7. FISCAL YEAR NONAPPROPRIATED FUND (NAF) FINANCIAL DA											INANCIAL DATA	A FOR	
ON THE DATE OF RECORD*							I PROGRAMS						
			a. Total l	Jser Fees	er Fees Collected								
	. HOW MANY YP DIRECTORS ARE:*						9. NUMBER OF DIRECT SERVICE POSITIONS FILLED* (APF/NAF/Contractor)						
	. APF meeting qualifications outlined in DoDI 6060.4												
	o. APF not meeting qualifications outlined in DoDI 6060.4						NAF:	a. CC 1		- /	APF: f. GS 2		
	c. NAF meeting qualifications outlined in DoDI 6060.4							b. CC 2			g. GS 3		
d. NAF not meeting qualifications outlined in DoDI 6060.4								c. CC 3			h. GS 4		
e. Contractor meeting qualifications outlined in DoDI 6060.4								d. CC 4			i. GS 5		
f. Contractor not meeting qualifications outlined in DoDI 6060.4							T l	e. CC 5			Total APF		
40 NUMBER OF DIRECT CERVICE OTATE MULO ARE CASSUAL SAFESSE						EDC	Total NAF				Total Contractor		
10. NUMBER OF DIRECT SERVICE STAFF WHO ARE FAMILY MEME OF ACTIVE DUTY* (Spouse Employment)						ers	11. NUMBER OF DIRECT SERVICE STAFF RECEIVING BENEFITS*						
12. NUMBER OF DIRECT SERVICE STAFF IN THE FOLLOWING CATE NAF: APF:						GORIES*	13. NUMBER OF VOLUNTEER HOURS WORKED THROUGH THE YOUTH PROGRAM DURING THE LAST FISCAL YEAR						
a. Regular			c. Full-Tir	a			a. Adults						
b. Flex d. Part-Time						b. Teens							
14	. TYPES OF JOBS F	PERFORMED BY	that apply	<u>. </u>									
	a. Coaches	a. Coaches c. Tutors				e. Administrative				g. Specialty Camps			
	b. Chaperones d. Instructors			f. Spec			ecial Events h. Other						
15. AFFILIATION WITH THE BOYS & GIRLS CLUBS OF AMERICA*						16. DOD CERTIFICATION*							
a.	a. Total number of eligible programs					a. Number of YPs DoD certified							
b. Total number of affiliated programs						b. Number of YPs with expired DoD certification							
c. Number of YPs operating under a waiver													
17	REMARKS (Attack	additional nad	es if necess	arvl			_		· <u></u>				