

BOOST Quarterly Report

***Updated 3.31.26**

Submitting the Q3 report **accurately and by the due date**, using the **correct embedded form templates**, is critical.

Contingent upon continued state appropriations, the data from **this report will inform recommendations for FY27 grant renewal decisions**. Late or inaccurate submissions may lead to **reduced funding or ineligibility for renewal consideration**.

*If you select "no changes" for a section, **Q2 data will be used** to assess your organization for renewal.

1. Have there been any changes to the number or demographic makeup of unduplicated youth served?

- Yes
- No Changes. *Data from your Q2 report will be used

2. Total number of unduplicated youth served

3. Select all grade level groups served

Elementary

Middle

High

Please ensure that the total for the groups selected equal the unduplicated youth served.

Number of elementary youth served (if selected)

Number of middle school youth served (if selected)

Number of high school youth served (if selected)

4. Select all races served

American Indian or Alaskan Native

Asian

Black

Multiracial

Native Hawaiian or Other Pacific Islander

White

Other

Unknown

Please ensure that the total for the groups selected equal the unduplicated youth served.

Number of American Indian or Alaskan Native youth served (if selected)

Number of Asian youth served (if selected)

Number of Black youth served (if selected)

Number of Multiracial youth served (if selected)

Number of Native Hawaiian or Other Pacific Islander youth served (if selected)

Number of White youth served (if selected)

Number of Other youth served (if selected)

Number of youth of unknown race served (if selected)

5. *Select all Ethnic groups served*

Hispanic/Latinx

Non-Hispanic

Unknown

Please ensure that the total for the groups selected equal the unduplicated youth served.

Number of Hispanic/Latinx youth served (if selected)

Number of Non-Hispanic/Latinx youth served (if selected)

Number of youth of unknown ethnicity served (if selected)

6. *Select all Gender groups served*

Male

Female

Gender Non-conforming

Non-binary

Unknown

Please ensure that the total for the groups selected equal the unduplicated youth served.

Number of Male youth served (if selected)

Number of Female youth served (if selected)

Number of Gender non-conforming youth served (if selected)

Number of Non-binary or Other gender youth served (if selected)

Number of youth of unknown gender served (if selected)

7. *In a short paragraph (150 words or less), please describe the current operation (activities, early successes and challenges, etc.) of your BOOST program.*

8. *How many days per week may a single youth attend your program?*

1-2 days

3-5 days

6 days or more

9. *How many hours per day may a single youth participate in your program?*

1 hour or less

2-4 hours

5 hours or more

10. *Has there been a change in your site location list?*

- Yes
- No Changes. *Data from your Q2 report will be used

11. Please upload a list of your current BOOST sites using [BOOST Site List form](#).

12. Has there been a change in your priority area, services, or activities?

- Yes
- No

13. Please select the priority service areas your program currently provides

- Workforce development
- Literacy Based On the Science of Reading
- Numeracy
- My program does not provide services in these areas

14. What are your current workforce development program services and activities? (only if selected in question 13). –150 word limit

15. What are your current literacy based on the science of reading program services and activities? (only if selected in question 13). –150 word limit

16. What are your current numeracy program services and activities? (only if selected in question 13). –150 word limit