

**DEPARTMENT OF DEFENSE YOUTH PROGRAM  
ANNUAL SUMMARY OF OPERATIONS**

**REPORT CONTROL SYMBOL**

**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 (\*).

<b>1. BRANCH OF SERVICE/DEFENSE AGENCY</b>				<b>2. TIME PERIOD COVERED</b> <i>(1 OCT XXXX - 30 SEP XXXX)</i>	
<b>3. TOTAL INSTALLATIONS PROVIDING YOUTH PROGRAMS (YP)*</b>				a. Total number of installations providing a youth sponsorship program*	
b. How many installations offer:					
(1) Program Activities		(5) Adventure Activities		(9) Vacation Camps	
(2) Residential Camps		(6) Special Events		(10) Teen Programs	
(3) Instructional Classes		(7) Core Programs			
(4) Sports Programs		(8) Specialty Camps			
<b>4. TOTAL NUMBER OF FACILITIES DESIGNATED AS:</b>		<b>5. WHAT IS THE ENROLLMENT FOR EACH PROGRAM ON:</b>			
a. Youth Centers*		a. Date in September (XX):	b. Date in July (XX):		
b. Teen Centers*		(1) Program Activities		(1) Program Activities	
c. Which of the following types of facilities do you use to provide services to youth? <i>(X all that apply)</i>		(2) Residential Camps		(2) Residential Camps	
		(3) Instructional Classes		(3) Instructional Classes	
(1) Off-installation schools		(4) Sports Programs		(4) Sports Programs	
(2) On-installation schools (DoDEA)		(5) Adventure Activities		(5) Adventure Activities	
(3) On-installation schools sponsored by organizations other than DoDEA		(6) Special Events		(6) Special Events	
(4) On-base facilities		(7) Core Programs		(7) Core Programs	
(5) Contracted facility		(8) Specialty Camps		(8) Specialty Camps	
(6) Other <i>(Specify)</i>		(9) Vacation Camps		(9) Vacation Camps	
		(10) Teen Programs		(10) Teen Programs	
<b>6. NUMBER OF CHILDREN WITH SPECIAL NEEDS WHO PARTICIPATED IN THE YOUTH PROGRAM ON THE DATE OF RECORD*</b>		<b>7. FISCAL YEAR NONAPPROPRIATED FUND (NAF) FINANCIAL DATA FOR YOUTH PROGRAMS</b>			
		a. Total User Fees Collected			
<b>8. HOW MANY YP DIRECTORS ARE:*</b>			<b>9. NUMBER OF DIRECT SERVICE POSITIONS FILLED* (APF/NAF/Contractor)</b>		
a. APF meeting qualifications outlined in DoDI 6060.4			<b>NAF:</b> a. CC 1		<b>APF:</b> f. GS 2
b. APF not meeting qualifications outlined in DoDI 6060.4			b. CC 2		g. GS 3
c. NAF meeting qualifications outlined in DoDI 6060.4			c. CC 3		h. GS 4
d. NAF not meeting qualifications outlined in DoDI 6060.4			d. CC 4		i. GS 5
e. Contractor meeting qualifications outlined in DoDI 6060.4			e. CC 5		Total APF
f. Contractor not meeting qualifications outlined in DoDI 6060.4			Total NAF		Total Contractor
<b>10. NUMBER OF DIRECT SERVICE STAFF WHO ARE FAMILY MEMBERS OF ACTIVE DUTY* (Spouse Employment)</b>			<b>11. NUMBER OF DIRECT SERVICE STAFF RECEIVING BENEFITS*</b>		
<b>12. NUMBER OF DIRECT SERVICE STAFF IN THE FOLLOWING CATEGORIES*</b>			<b>13. NUMBER OF VOLUNTEER HOURS WORKED THROUGH THE YOUTH PROGRAM DURING THE LAST FISCAL YEAR</b>		
NAF:		APF:			
a. Regular		c. Full-Time		a. Adults	
b. Flex		d. Part-Time		b. Teens	
<b>14. TYPES OF JOBS PERFORMED BY VOLUNTEERS (X all that apply)</b>					
a. Coaches		c. Tutors		e. Administrative	
b. Chaperones		d. Instructors		f. Special Events	
				g. Specialty Camps	
				h. Other	
<b>15. AFFILIATION WITH THE BOYS &amp; GIRLS CLUBS OF AMERICA*</b>			<b>16. DOD CERTIFICATION*</b>		
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		
<b>17. REMARKS (Attach additional pages if necessary)</b>					