

San Mateo County Aging and Adult Services
 American Rescue Plan Act Fund
 Quarterly Data Report

OAA Title IIIB

Agency Name: _____ Service Quarter: January – March
 April – June
 Person In Charge: _____ July – September
 October – December
 Contact Email: _____ Service Year: _____

Adult Day Care/Adult Day Health		
Units of Service	Unduplicated Client Count	Expenditure
_____ hours	_____ clients	\$ _____

Transportation		
Units of Service	Unduplicated Client Count	Expenditure
_____ one-way trips	_____ clients	\$ _____

Information and Assistance		
Units of Service	Unduplicated Client Count	Expenditure
_____ contacts	_____ clients	\$ _____

Narrative Questions

1. Describe the services provided this quarter. *(Do not exceed 300 words.)*

2. Describe the demographics of the participants of this quarter. *(Do not exceed 300 words.)*

3. Describe any successes and challenges. If there were challenges, describe any actions taken to address them. *(Do not exceed 300 words.)*

4. Describe any service collaboration efforts. *(Do not exceed 300 words.)*

5. Describe any capacity building strategies. *(Do not exceed 300 words.)*

Certification

I certify this report is correct and completed to the best of my knowledge.

Signature: _____ Date: _____

Instructions	
Agency Name	Enter the name of your agency. Include the site name if different from your agency name or if you provide services in more than one location.
Service Quarter	Check the applicable box to indicate the service quarter.
Service Year	Use four-digit numbers. Enter the year in which the service was provided. <i>Example: Service Year: 2023</i>
Units of Service	Total number of hours/one-way trips/contacts provided during the quarter.
Unduplicated Client Count	Total number of unduplicated clients served during the quarter.
Expenditure	Total expense invoiced for the quarter by program.
Narrative Questions	Complete responses for each of the five questions listed. Separate your responses if you are contracted for more than one Title IIIB programs.