

**EXHIBIT C
CITY OF RENTON
HUMAN SERVICES DIVISION
SERVICE REPORT**

Date Submitted:

Agency Name: *St. Vincent de Paul*
 Program Name: *Sf. Anthony Conference Emergency Assistance*
 Contact Person: *Lani Ravit* Phone: *425-277-6226*

Reporting Period: 1st Quarter, 2011 2nd Quarter, 2011
 3rd Quarter, 2011 4th Quarter, 2011

Or Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
 (please circle)

Service Report

Performance Measure	Annual Goal	Goal This Period	New Units This Period	Cumulative Units 2011
Performance Measure 1 Unduplicated City Clients Served	32	8	16	32
<i>duplicated - rent</i> Performance Measure 2	24	6	6	12
<i>duplicated - utilities</i> Performance Measure 3	40	10	10	20
Performance Measure 4				

Narrative Report:

Include information such as current trends, program developments, special events, publicity or community education efforts, etc. Be sure to address any discrepancies between the level of services actually provided and performance goals. Attach additional pages as necessary.