Rio Bravo Community Center /Participation Spreadsheet Totals

		Month of April YEAR: 2016																														
	Program	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**TOTAL**
1	**B.A.N.C**	*21*			21	21	21	21	20			14	14	16	14	21			16	21	20	21	15			15	21	16	21	20			390
2	**KIDS CAFÉ**	64			58	54	52	60	84			50	48	36	70	36			54	54	50	54	60			70	36	58	100	63			1211
3	**Safety Meetings**	0			0	0	0	0	4			0	0	0	0	4			0	0	0	0	4			0	0	0	0	3			15
4	**Grifols**	0			0	0	0	0	0			0	0	0	**0**	0			0	0	0	0	0			0	0	0	0	0			0
5	**HEALTHLY START**	0			6	0	0	0	0			4	0	0	**0**	0			12	*0*	0	0	0			8	0	0	0	0			30
6	**WORK FORCE**	0			0	0	0	0	0			0	0	0	**0**	0			0	*0*	15	0	0			0	0	0	0	0			15
7	**SNAP/MEDICAID**	0			0	0	0	0	0			0	0	0	3	0			0	*0*	0	7	0			0	0	0	10	91			111
8	**Dia de los Ninos**	0			0	0	0	0	0			0	0	0	**0**	0			0	*0*	0	0	0			0	0	0	0	63			63
9	**COMPUTER LAB**	1			11	2	5	5	7			3	4	5	**2**	5			2	*6*	4	5	3			7	2	3	5	4			91
10	Immunization Clinic				0	0	0	0	0			0	0	0	15	0			0	*0*	0	0	0			0	0	0	0	0			15
11	**ARTS & CRAFTS**	4			0	4	5	5	7			0	3	4	5	2			0	*6*	4	3	5			0	5	6	5	4			77
12	**BREAD / Produces**				120	0	0	0	0			110	0	0	0	0			75	0	0	0	0			100	0	0	0	0			405
13	MERCY MINISTRIES				0	0	0	0	0			0	0	0	0	0			0	0	35	0	0			0	0	0	0	0			
14	**FOOD BANK / Adopt Family**					0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	175	0			175
15	**WALK INS**	**1**			6	1	4	1	31			4	4	4	6	15			45	1	6	30	37			4	7	5	10	4			226
16	**ELDERLY BIRTHDAY**				0	0	1	0	0			0	0	0	1	0			0	1	0	0	0			0	0	0	0	0			3
17	**W.I.C Rio Bravo**																																875
18	**LOTERIA**	21			21	21	21	21	20			14	14	16	14	21			16	21	20	21	15			15	21	16	21	20			390
19	**Doctor's Mobile**	0			8	0	0	0	0			13	0	0	0	0			0	0	0	0	0			10	0	0	0	0			31
20	**Spring Luncheon**	0			0	0	0	0	20			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			20
21	**BCFS Meeting**	0			0	0	5	0	0			0	0	0	0	0			0	0	8	0	0			0	0	0	0	0			13

Community Center Location: RIO BRAVO COMMUNITY CENTER **Total Participants/Attendees:_** **4156**

_Vicki Ibarra_____5/5/2016_____ Total Programs: _____21_____

Director's Signature / DATE

*By signing this, I certify that all totals on this spreadsheet are the amounts as recorded on the **program logs filed within the community center.**