

EXHIBIT 3

PERFORMANCE OUTCOME REPORT

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Provider Name: St. Augustine Society, Inc.

**Reporting Period: ___10/01/10-03/31/11
_X_04/01/11-09/30/11**

Program: St. Francis House: Emergency Shelter

Outcome # 1: Provide a minimum of 8012.80 nights of Emergency Shelter and shelter services to single men and women annually.

Service Description: St. Francis House provides a night of shelter, shower facilities, laundry facilities, breakfast and dinner to the homeless of St. Johns County.

Required Documentation: Client logs/sign in sheets/client files

| (Column 1) Projected # Served Annually | (Column 2) Actual # Served Year to Date | (Column 3) Total # Achieving Outcome Year to Date | (Column 4) % Clients Achieving Outcome (Column 2/Column 3) |
|--|---|---|--|
| 8012.80 nights of Emergency Shelter | 7158 total nights of shelter; 426 total clients sheltered | 7158 total nights of shelter; 426 total clients sheltered | 100% |

Instructions: *Outcome:* What is the desired result of the program? *Service Description:* How is the result being accomplished? *Required Documentation:* What written documentation is being collected to support the results? **Column 1** – Total annual number of clients projected to be served in this program per proposal. **Column 2** – Actual number of clients served in program year to date. **Column 3** – Total number of clients served that met outcome. **Column 4** – Percent of clients served that met outcome (column 2 divided by column 3)

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