

Community Youth Network - St. John's Special Project Grant Final Report

Please return completed Final Reports to the Community Youth Network - St. John's.

Title of Project:
Principle Agency:
Address:
Phone/TTY:
Fax:
E-mail:
Project Start Date:

How many youth were served through this project? ____ What age group did the project serve? _____ Approximate percentage of female participants? ____ male participants? ____

<p>CYN is mandated to address the needs of youth living in, or at risk of poverty. Please provide a brief description of how the youth served by this project fall within this target population. (We are not looking for specific information about individual participants.)</p>

Associated with living in, or being at risk of poverty there are often other factors which are barriers to youth empowerment and advancement. Have you identified any such barriers among participants of this project? [i.e. domestic violence, bullying, racism, addictions, mental health issues]. Yes ___ No ___

If yes, please list.

Did you have a mechanism (i.e. evaluation forms, suggestion box, random interviews with participants) to get feedback from youth involved in your project?

Yes No

If yes, what type/s of mechanisms were used?

Has this feedback been positive, i.e. youth reporting that they had a voice in the initiative, were respected, well-served? Yes No

Did the feedback result in your adjusting (during this project) any of the activities outlined in your application for funding? Yes No

If yes, please explain.

Will the feedback be helpful in planning future services for youth? Yes No

Please explain.

Please provide a brief description of how goals were met, or why they were not met.

What difference did this project make in the lives of the youth involved?

What has been the overall impact of this project on your agency's capacity to serve youth?

Was this project a collaborative? Yes No

If yes, are the agencies involved satisfied with their own level of participation in the project? Yes No

Are all agencies involved satisfied with the project outcomes? Yes No

If you have answered 'no' to either of the last two questions, please explain.

Was there any aspect of this project that worked particularly well for you?

Yes No

If yes, please explain.

Was there any aspect of this project that did not work well? Yes No

If yes, please explain.

Is it your intention to maintain this initiative into the future? Yes No

If yes, how will this initiative be sustained?

Please enclose receipts of expenditures and provide total costs of each line item below.

Item Description	Amount Budgeted	Receipts enclosed
Salaries/Contracts/honorariums		
Travel/Meals/Accommodation		
Program Supplies/ materials		
Meeting/Activity Rooms		
Equipment Rentals		
Office/Activity Supplies		
Communications		
Printing/Photocopying		
Other:		
Total		

How can CYN better support your agency/ies in future grant funding processes, i.e. changes in process/reporting mechanisms; support with developing evaluation mechanisms, etc.

We, the undersigned, confirm that the information contained in this Final Report is accurate and complete.

Name

Position

Agency

Date