

Children and Youth Initiatives Fund Accountability Form

Organization Name:				
Address:				
Contact Person:				
Phone:				
Email:				
Name of Project:				
Type and amount of grant received:				
☐ Youth Initiated Project or Event	Amount: \$			
☐ Agency Initiated Project or Event	Amount: \$			
2. Briefly describe the project:				

3.	Project Evaluation: a) How were the Fund Objectives met? (Please refer to objectives if necessary.) What other benefits beyond the objectives were noted?		
	b)	What difficulties, if any, did you encounter in initiating this project? What action(s) did you take to address the difficulties?	
4.	How many children or youth participated in the project?		
5.	What was the range of ages of participants?		
6. -	How many participants were City residents?		
7.	What other agencies/groups participated in this project, either directly or indirectly through the provision of funding or in-kind assistance?		
	Agency/Group		Funding or In-Kind?
8.	\//hat	pariod of time did the project rup?	
9.		hat period of time did the project run? an you provide us with a quote, anecdote or a success story from one of your	
	program participants? (Optional)		

Thank you!

Please contact Julia Spitale at 604-998-3285 or youth@cnv.org if you have any questions.