



Youth Assessment Center - Limited Longevity Support Project Summary Report

Project Name: _____

Subrecipient: _____ Project Number: _____

Award Amount: \$ _____ Project Period: _____

Funds Spent: \$ _____

Number of volunteers for the project _____ Total hours _____

1. Is this project continuing? Yes No

2. How is it being funded? (Client fees, grants, donation, etc.)

3. What was the assessed need for your program, and to what extent did you meet the need(s)?

4. What were the strengths, accomplishments, and successful features of your program?

5. Did you try anything innovative? If so, please explain.

6. Identify challenges that you encountered with implementing your program and explain and steps that were taken to overcome those problems.

7. Other comments. (Attach additional sheets if necessary.)

Project Director's signature

Date

Financial Officer's signature

Date