

CHILDREN & YOUTH COUNTY NARRATIVE REPORT FORM

(Please Print)

County Name _____ District No. _____

Department of New York Posts Represented _____

City _____

Address _____

Date _____ Signature _____

***N.B.** THIS FORM IS TO BE USED **ONLY** FOR THOSE C&Y ACTIVITIES THAT ARE ACCOMPLISHED AT THE **COUNTY** LEVEL AND THAT CAN **NOT** BE ATTRIBUTED TO ANY GIVEN POST OR POSTS.

(The information in this report is **ONLY** to be used for the documentation of activities that would otherwise not be accounted for.)

(1) Did your County participate in any of the following National Children and Youth Program objectives?

- | | |
|--|--------------------------------------|
| _____ April is C&Y Month | _____ Youth Suicide Prevention |
| _____ Drug and Alcohol Abuse Education | _____ Halloween Safety |
| _____ Child Health & Safety | _____ Temporary Financial Assistance |
| _____ National Family Week/Family Emphasis | _____ Family Support Network |
| _____ Special Olympics | _____ Operation Military Kids |
| _____ Children's Miracle Network | _____ Missing Children |
| _____ American Legacy Scholarship | _____ Children's Organ Transplant |

(2) Please **ESTIMATE** the number of volunteer service hours provided by the membership of your County for the children and youth in your community; _____ hours.

(3) Please **ESTIMATE** the amount of money your County expended for administrative expenses for Children & Youth overhead. (Postage, Conferences, Travel, Salaries, etc.)
\$ _____ **(PLEASE Do Not put 'Donated')**

(4) You may add any specific Children & Youth activities promoted by your County. Make attachments as needed.