

**TYRRTLE BEACH FUNDED PROGRAM
YEAR-END REPORT**

REPORT TYPE (check one): ___ Final Report ___ Interim Report

(NOTE: A Final or Interim report is due by December 31st of the year funding is received. Please read the "Submitting the Report" information carefully on the last page of this form.)

Important note to organizations receiving Tyrrtle Beach Youth Funds:
 Donations are made to Tyrrtle Beach by individuals, businesses, and organizations who want to make a difference in the lives of children and youth. The information you include in this report will help to tell the impact of those donations, and will complete the community's commitment to our youth. Complete and accurate information on this report is essential.

Failure to submit a Year-End Report will impact future program funding.

SECTION A: PROGRAM INFORMATION

***NOTE: The responses to question #1-4 should be consistent with the information on the Funding Application that was submitted and funded.*

1. **PROGRAM NAME/TITLE:** _____
2. **SPONSORING ORGANIZATION:** _____
3. **PROGRAM PERIOD:** _____(Open Date) to _____(Close Date).
4. **PROJECTED # YOUTH TO BE SERVED:** ____ (as you projected on your original application)

SECTION B: YOUTH SERVED:

5. **TOTAL YOUTH:** Number of Youth Served during Program Period: _____
6. **YOUTH BY GENDER:** Number of Males: _____ Number of Females: _____
7. **AGES OF YOUTH SERVED:**

| <u>AGES</u> | # Youth Served |
|---|-----------------------|
| <i>For each age group, enter the number of youth served by your program. <u>These should be actual numbers, and not estimates.</u></i> | |
| Ages 5 and younger | |
| Ages 6-8 | |
| Ages 9-11 | |
| Ages 12-14 | |
| Ages 15-18 | |
| TOTAL (should equal #5 above) | |

8. YOUTH BY COMMUNITIES/ZIP CODES:

| <u>ZIP CODES</u> | # Youth Served |
|---|-----------------------|
| <i>Directions: Enter the number of youth served by your program who reside in the following zip code areas/towns. <u>These should be actual numbers, and not estimates.</u></i> | |
| 14809 (Avoca) | |
| 14810 (Bath) | |
| 14815 (Bradford) | |
| 14418 (Branchport) | |
| 14819 (Cameron) | |
| 14820 (Cameron Mills) | |
| 14821 (Campbell) | |
| 14840 (Hammondsport) | |
| 14856 (Kanona) | |
| 14873 (Prattsburgh) | |
| 14874 (Pulteney) | |
| 14879 (Savona) | |
| 14887 (Tyrone) | |
| 14893 (Wayne) | |
| <i>List other zip codes/towns if needed.</i> | |
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| # of youth from Other New York Counties | |
| # of youth from Other States | |
| TOTAL (should equal total in #5 on page 1) | |

9. USE OF FUNDS: How did you use the Tyrle Beach funds to directly benefit the youth in your program?

SECTION B: PROGRAM IMPACT:

10. IMPACT AREAS:

| <u>IMPACT AREAS</u> | ✓ ALL that apply |
|--|---------------------------------|
| <i>Directions: Check all of the following impact areas that apply to your program.</i> | |
| Academic enrichment/tutoring assistance activities | |
| After-school activities | |
| Counseling and support activities | |
| Environment/Outdoor education | |
| Family development & multi-generation activities | |
| Health education | |
| Leadership skill development | |
| Multicultural activities | |
| Music/Arts activities | |
| Scouting programs | |
| Social skill development | |
| Sports activities | |
| Summer recreation programs | |
| Volunteer/community involvement activities (by youth) | |

11. ACTIVITIES: Please list/describe key activities in which youth participated in your program.

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

12. PROGRAM GOALS:

Did you meet the program goals and objectives you proposed in your application? ____Yes ____No

13. OBSTACLES/BARRIERS:

Briefly describe any obstacles or barriers you encountered that hindered progress towards program goals/objectives.

14. STRATEGIES TO OVERCOME OBSTACLES (if applicable):

Briefly describe any steps taken to overcome identified obstacles or obstacles (if applicable):

15. PARTNERSHIPS:

List any other key organizations, businesses, or partners whom have supported your program in 2019:

COMMENTS: (Include any technical assistance needs you may have):

Name : _____

Position: _____

Phone: _____ **Email:** _____

Date completed: _____

SUBMITTING THE REPORT:

The Year-End Report (either an interim or final report) is due at the conclusion of the proposed program period indicated on the funded application, and no later than December 31st.

*If the program period on the original application is to end later than December 31st (such as a program following the school calendar), an Interim Report must be submitted by December 31st, **and** a Final Report submitted at the conclusion of the program period.*

The completed report may be submitted by:

EMAIL (preferred):
BCaudill@SteubenCountyNY.gov

(or) MAIL: Steuben Youth Services Fund, Inc.
ATTN: Tyrle Beach
P.O. Box 444
Bath, NY 14810

FAILURE TO SUBMIT A YEAR-END REPORT WILL IMPACT FUTURE PROGRAM FUNDING

