

**CRAIG-SCHECKMAN FAMILY FOUNDATION - YAP REPORTING FORM 2018**

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*Reporting Forms are due one year from the date your organization received funding. No further grant requests will be considered until this report has been completed and returned. (See Grant Guidelines for more details).*

*This form is to be completed for Program/Project or General Operating grant awards.*

Name of organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

CEO or Executive Director: \_\_\_\_\_

Contact Name: (If different from Executive Director) \_\_\_\_\_

Contact Phone Number and Email: \_\_\_\_\_

Program/Project Name (if applicable): \_\_\_\_\_

Date YAP Grant was received: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since you were awarded this grant? (Circle one) Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Provide total number and demographics served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify numbers and percentages of Routt County youth with multiple risk factors, youth with special needs and/or youth who experience socio-economic marginalization that were served. \_\_\_\_\_

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Did the program serve the intended population? (Circle one) Yes No

If not, explain: \_\_\_\_\_

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How did you assess the direct needs of youth and families? Explain your methods.

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Restate the goals as set forth in the organization's grant application. \_\_\_\_\_

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Describe the progress made towards the stated goals that address these issues.

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Were the program activities executed as planned? (Circle one) Yes No

If not, explain: \_\_\_\_\_

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Report on the progress made towards the desired impact indicated in the application, such as the specific youth outcomes. \_\_\_\_\_

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Attach any and all relevant evaluation reports.

Provide meaningful anecdotal information of success such as testimonials or unsolicited letters of support. Type below or attach relevant files. \_\_\_\_\_

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Describe any significant collaborative efforts that occurred during the grant implementation.

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What are the plans for sustaining or expanding the program? Also, discuss any general lessons learned and how changes will be made based upon these realizations. \_\_\_\_\_

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In addition to providing YAP funding, what are some other concrete ways the CSFF could help your organization achieve success? \_\_\_\_\_

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I certify that the information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

Please submit a copy of the Reporting Form via email, AND print and send a copy of this form with an original signature to:

CSFF  
c/o Kris Andersen  
P.O. Box 776429  
Steamboat Springs, CO 80477