YOUTH INVESTMENT FUND

EVALUATION

Organization information

Name of organization

Mailing address

Unit # (optional)	Street number and name	City or town	Province or territory	Postal code

Name of president	Phone
Name of secretary or treasurer	Phone
Name of person who prepared report	Phone
Name of project for which funds were granted	
Amount of funds awarded $	Date of project (YYYY-MM-DD) and/or duration

Project information

Description of project (this could be a report that you attach).

Detail project goals and if/how they were met.

Did the project benefit marginalized youth? Were there other benefits of the project?

Attendance figures (if applicable):

Youth age 19 and under: _____

Other participants: _____

Project staff: _____

Provide photos (if possible) of your project in action.

Would you recommend this type of project to other groups or communities and why?

Revenues	
YIF contributions	$
Community contributions	$ 0.00
(a) Fundraising	$
(b) Other community grants	$
(c) Sponsorships or donations	$
(d) Organization's contribution	$
(e) Other (specify): _____	$
(f) Other (specify): _____	$
Total	**$** 0.00

Expenditures (recepts must be included)		
Category	**Total expenditures**	**Expenditures from YIF funds**
Coordinator wages	$	$
Youth wages	$	$
Honorariums	$	$
Facility or equipment rental	$	$
Program materials or supplies	$	$
Printing or production	$	$
Travel or accommodation	$	$
Advertising and promotion	$	$
Equipment	$	$
Food	$	$
Liability insurance	$	$
Other (specify): _____	$	$
Other (specify): _____	$	$
Total	**$** 0.00	**$** 0.00

Review of revenues and expenditures

- Amount of funding provided by Youth Investment Fund: $ 0.00
- Total actual expenses using Youth Investment Fund money: $ 0.00
- Difference between expenses and funding provided: $ 0.00

Note: If your project cost less than expected, you must return any unspent funds of $25.00 or more.

Cheque should be made payable to "Territorial Treasurer, Yukon Government" and submitted:

By Mail: Attn. YIF administrator
Youth Investment Fund
Youth Directorate (C10)
P.O. Box 2703, Whitehorse, Yukon Y1A 2C6

_____ YYYY-MM-DD
Signature of president Date

_____ YYYY-MM-DD
Signature of secretary or treasurer Date

Office use only

Monitor: _____

Date received: YYYY-MM-DD _____ Status: _____

Print Clear