

The American Legion Family

Due date September 1

Joe & Jackie Ross, Jim & Judy Gates Awards

(Please type or print)

Post, Squadron, Unit Name: _____ Post, Squadron, Unit # _____

District # _____ Present Membership Count _____ Date _____

Address _____ City _____ Zip _____

(A) Did your Unit participate in any of the following National Children & Youth Program objectives?

- | | |
|---|--|
| <input type="checkbox"/> Missing Children | <input type="checkbox"/> Temporary Financial Assistance |
| <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Special Post Activity Award |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> April is Children & Youth Month |
| <input type="checkbox"/> Halloween Safety | <input type="checkbox"/> Retinitis Pigmentosa Program |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Colorado Vets Kids Fund |

(B) Estimate the number of volunteer service hours provided by the membership of your Unit for children & youth in your community. Hours _____

(C) Please estimate the amount of money your Unit expended for administrative expenses for Children & Youth overhead. (Postage, printing, conferences, travel, salaries, etc.) \$ _____

(D) Use the remaining space of this sheet to describe, in some detail, a specific Children & Youth activity promoted by your Unit. (Please attach extra sheets if necessary.) REMEMBER: This section of the narrative report is most important to your Department Children & Youth Committee in determining various awards.

SECTION A. DIRECT AID

Cash aid given to needy children Colorado Veterans Kids fund 1. \$ _____

Value of goods given to children (estimate) 2. \$ _____

TOTAL DIRECT AID (Add lines 1 and 2) 3. \$ _____

SECTION B. CONTRIBUTIONS TO:

American Legion Child Welfare Foundation 4. \$ _____

SECTION C. CONTRIBUTIONS TO:

United Fund 5. \$ _____

Red Cross 6. \$ _____

Cancer Research 7. \$ _____

Handicapped children (all types) 8. \$ _____

All other sum total 9. \$ _____

TOTAL CONTRIBUTIONS (Add lines 5-9) 10. \$ _____

SECTION D. EXTRAS

Cost of parties, gifts, similar extras 11. \$ _____

SECTION E. MISCELLANEOUS

Cost of any other activities for children & youth 12. \$ _____

TOTAL CHILDREN & YOUTH EXPENDITURES

(Add 3, 4, 10, 11 and 12) 13. \$ _____

CHILDREN AND FAMILIES AIDED

SECTION A. DIRECT AID

of children helped by cash grants 14. \$ _____

of children given food, clothing, etc. 15. \$ _____

TOTAL NUMBER OF CHILDREN DIRECTLY AIDED

(Add 14 and 15) 16. \$ _____

SECTION B. extras

of children given parties, gifts, similar extras 17. \$ _____

SECTION C. MISCELLANEOUS

of children reached through other activities 18. \$ _____

TOTAL NUMBER OF CHILDREN

(Add 16, 17, and 18) 19. \$ _____

Signature: _____ Title: _____

Please return form to Department no later than September 1.