



**THE AMERICAN LEGION
DEPARTMENT HEADQUARTERS
7465 E. 1ST AVENUE, SUITE D
DENVER, CO 80230
CHILDREN & YOUTH
POST NARRATIVE REPORT FORM
(Please type or print)**

Post Name_____	Post #_____	District #_____
Present Membership_____	Date_____	Signature_____
Address_____	City_____	Zip_____

(A.) Did your Post file a Consolidated Post Report Form? Yes___ No___

(B.) Did your Post 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 and 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 |

(C.) Estimate the number of volunteer service hours provided by the membership of your Post for the children & youth in your community.

Hours_____

(D.) Please estimate the amount of money your Post expended for administrative expenses for Children & Youth overhead. (Postage, printing, conferences, travel, salaries, etc.)

\$_____

(E.) Use the remaining space of this sheet to describe, in some detail, a specific Children & Youth activity promoted by your Post. (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.

CHILDREN & YOUTH EXPENDITURES

SECTION A. DIRECT AID

Cash aid given to needy children 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. \$ _____
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: _____

Post name _____ Post # _____ Date: _____

Please return form to Headquarters no later than June 1.