

ProAction Cops & Kids Hamilton Program Report To be completed and returned to ProAction

within one month of program end date.

1. Program Name			Program No.						
2. Program	n Start and E	End Date:							
3. Type of	Program:	Virtua	al	Hybrid	d	In Per	rson		
4. Participa	nts:								
Youth:	# Male		Ages:			# Female		Ages:	
Youth:	# Non-Sp	ecific	Ages:						
		# of Yout	th at the S	Start of the	Progra	m # of Y	outh	at the End of the Program	
Male Youth								· ·	
Female You									
Non-Specifi	ic Youth								
On Duty Of	fficers:		Off Duty Officers:				Auxiliaries:		
Police Volunteers:			Adult Volunteers:				Parent Volunteers:		
Total # of	On Duty Poli	ce Hours:			Total	# of Off D	uty P	olice Hours:	
Total # of	Volunteer H	ours:							
Please list th				-	gram ir	ncluding t	he ap	plying officer. Please	
Officer Rank, First and Last N			ame Division			on		Phone #	

September 2021

5. How did the program unfold? What goals were achieved?			
6. Please explain in detail if there were obstacles that you faced with the prochanges to the program that you had not anticipated.	ogram and	l if this re	esulted in
7. What would you do differently to improve the program?			
8. Did the youth receive life skills training? If so, which skills were formed, and how was this developed?	Yes	No	N/A
9. Did the youth receive any certification(s)? If so, please identify which certifications were received and by how many y	Yes outh	No	N/A

10.	Please describe any achievements made by the youth in your program. i.e., job opportunities gained, improved academics, behavioral changes.
11.	Please describe how your COVID-19 safety plan was fulfilled and describe any unforeseen obstacles that you encountered:
12.	Was a donation received during your program from another source — if so, from whom?
13.	How was ProAction's support recognized during the program?

14. Did your program receive media at Yes: No:	tention? If y	es, please provide links to any articles or videos:
15. Did your program have a social me	dia presence	via Facebook, Twitter, Instagram, or other platforms?
Yes: No:		
	ecifically for	nts that was used to post information about this program the program itself, or set up more generally at the involved.
Instagram Account(s):		
Twitter Account(s):		
Facebook Account(s):		
TikTok Account(s):		
NOTE: Please note these social include personal links.	media links n	nay be shared on ProAction's social media, so please do not
16a. Were pictures taken of the progra	ım?	
Yes: No:	••	
b. If yes, have you included signed w	vaivers?	
Yes: No:		
17. Police officer surveys.		
For programs receiving under \$5,000, the	applying off	<u>icer</u> is required to complete the police officer survey.
For programs receiving \$5,000 or more, a police officer survey. Did you:	all police office	cers taking part in programs are required to complete the
Administer Survey(s)	Yes:	No:
Attach Survey(s) to this report	Yes:	No:

18. Please complete the following expenditures report and include receipts.

Individual Item (as per application)	Budget (as per application)	Actual	Receipt(s) Enclosed
Total:			
Refunded to ProAction:			

Please ensure that all receipts are attached.

Re	Reminder: Have you				
	Completed all pages of the form?				
	Attached all program receipts?				
	Enclosed copies of the police officer surveys?				
	Enclosed copies of media coverage?				
	Enclosed copies of photo/video release waivers?				
	Attached all photos/videos?				
	This report will be referenced when future applications are made. Please take time to complete the application in full.				

Please return this report to:

Grants Programs
ProAction Cops & Kids
40 College Street, Suite 623
Toronto, Ontario, M5G 2J3