

1. Program Name

ProAction Cops & Kids Peel Program Report

To be completed and returned to ProAction within one month of program end date.

Program No.

2. Program S	Start and E	and Date:							
3. Type of Program: Virtual Hybrid In Person									
4. Participants:									
Youth:	# Male		Ages:			# F	Temale	Ages:	
Youth:	# Non-Sp	ecific	Ages:						
		# of Vout	h at tha S	Start of the	Drogra	m	# of Vouth	at the End of the Program	
Male Youth		# 01 1 Out	n at the b	tart or the	i rograi	11	# UI I UULII	at the End of the Frogram	
Female Youth	<u> </u>								
Non-Specific									
Tion Specific	10401	<u> </u>							
On Duty Officers:			Off Duty Officers:				Auxiliaries:		
Police Volunteers: Adult			Adult V	lult Volunteers:			Parent Volunteers:		
Total # of On Duty Police Hours:				Total # of Off Duty Police Hours:					
Total # of Volunteer Hours:									
Please list the names of all officers involved in this program including the applying officer. Please attach a separate list if you require additional space.									
Officer Rank, First and Last Name			Division				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 changes to the program that you had not anticipated.	ne program a	and if this	resulted in
7.	What would you do differently to improve the program?			
	Did the youth receive life skills training? so, which skills were formed, and how were they developed?	Yes	No	N/A
	Did the youth receive any certification(s)? If so, please identify which certifications were received and by how ma	Yes any youth	No	N/A

14. Did your program receive m Yes: No:	edia attention? If y	es, please provide links to any articles or videos:
	cial media presence	via Facebook, Twitter, Instagram, or other platforms?
If yes, please provide detail	t up specifically for	nts that were 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 include personal links.	social media links n	nay be shared on ProAction's social media, so please do not
16a. Were pictures taken of the Yes: No:	program?	
b. If yes, have you included si Yes: No:	igned waivers?	
17. Police officer surveys.		
-	000 the annlying off	<u>icer</u> is required to complete the police officer survey.
		cers taking part in programs are required to complete the
Administer Survey(s)	Yes:	No:
Attach Survey(s) to this r	report Yes:	No:

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

Individual Item (as per application)		Budget application)	Actual	Receipt(s) Enclosed		
				1		
				1		
				1		
				1		
				-		
				-		
				-		
				-		
Total:				-		
Refunded to ProAction:				-		
Actunucu to 110/10000.						
Please ensure that all receipts are attached.						
Reminder: Have you						
☐ Completed all pages of the report?	☐ Enclosed copies of waivers?					
☐ Attached all program receipts?	☐ Enclosed copies of media coverage on your program?					
☐ Enclosed copies of the police office	☐ Enclosed copies of digital photos?					
This report will be referenced when future applications are made. Please take time to complete the application in full.						
Please return this report to Insp. Pete Danos who will sign-off below and forward it to ProAction:						

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

Insp. Pete Danos

Signature: _