

# The American Legion Family

Due date July 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. \$ _____
<b>TOTAL CONTRIBUTIONS</b> (Add lines 5-9)	10. \$ _____
<b>SECTION D. EXTRAS</b>	
Cost of parties, gifts, similar extras	11. \$ _____
<b>SECTION E. MISCELLANEOUS</b>	
Cost of any other activities for children & youth	12. \$ _____
<b>TOTAL CHILDREN &amp; YOUTH EXPENDITURES</b>	
(Add 3, 4, 10, 11 and 12)	13. \$ _____
<b>CHILDREN AND FAMILIES AIDED</b>	
<b>SECTION A. DIRECT AID</b>	
# of children helped by cash grants	14. \$ _____
# of children given food, clothing, etc.	15. \$ _____
<b>TOTAL NUMBER OF CHILDREN DIRECTLY AIDED</b>	
(Add 14 and 15)	16. \$ _____
<b>SECTION B. extras</b>	
# of children given parties, gifts, similar extras	17. \$ _____
<b>SECTION C. MISCELLANEOUS</b>	
# of children reached through other activities	18. \$ _____
<b>TOTAL NUMBER OF CHILDREN</b>	
(Add 16, 17, and 18)	19. \$ _____

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Please return form to Detachment no later than July 1.**