

### Activism Grant Final Report

Hey Youth Leaders! We love to hear about what you're up to. Please send No Limits this update so we are able to share with others how easy activism really is. Please use additional paper if more space is needed to answer the questions. This report should be completed and sent in after each grant-funded activism project is finished. If you have questions or need any help, please call 1.866.394.8336 or email Molly at [info@NoLimitsNebraska.com](mailto:info@NoLimitsNebraska.com). All final reports must be turned in by than **Friday, May 5, 2017**.

<b>SCAN/EMAIL</b>	info@NoLimitsNebraska.com
<b>MAIL</b>	No Limits
	1201 Infinity Court
	Lincoln, NE 68512
<b>FAX</b>	402.437.0101

**Activism Activity:** \_\_\_\_\_

**Date of Activism Activity:** \_\_\_\_\_

**Number of youth participated in planning/implementing activity:** \_\_\_\_\_

**Number of youth exposed to the activism message (an estimate is fine):** \_\_\_\_\_

**Number of adults exposed to the activism message (an estimate is fine):** \_\_\_\_\_

**Brief Description of Event (location, time, what your activity looked like, etc.):**

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Group Name: \_\_\_\_\_ Activism Activity: \_\_\_\_\_ Date: \_\_\_\_\_

\*Send in a completed final report for each grant-funded activism activity to No Limits by Friday, May 5, 2017.

**Did you send out a media alert?**

**\*\*Please provide a copy.\*\***

**Yes**

**No**

**Did your event receive media coverage?**

**Yes**

**No**

**If so, which stations/papers? (If possible, please provide a copy.)**

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**Did you have fun planning and implementing your activity?**

**Yes**

**No**

**Did you accomplish what you set out to do in your application?**

**Yes**

**No**

**If yes, CONGRATULATIONS! Now, please explain.**

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**If no, what could have gone differently?**

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Group Name: \_\_\_\_\_ Activism Activity: \_\_\_\_\_ Date: \_\_\_\_\_

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**Did the materials No Limits provided at the training and in the activism grant process help? What did you find useful? In the future, is there anything else No Limits could do to assist you?**

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**If you had the opportunity, would you apply for another No Limits Activism Grant?**

**Yes                  No**

**How much time did this project require?**

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**Do you have any words of wisdom for someone else planning this activity?**

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Group Name: \_\_\_\_\_ Activism Activity: \_\_\_\_\_ Date: \_\_\_\_\_

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**What worked and what didn't? Tell us five pros and five cons about this activity.**

Pros

Cons

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**Want to tell us something else? Feel free to add another sheet of paper.**

Activism Activity: \_\_\_\_\_

Group Name: \_\_\_\_\_

**Youth Leadership**

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Adult Sponsor**

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Failure to return your final report may prevent you or your organization/group from receiving future grants from No Limits.

Group Name: \_\_\_\_\_ Activism Activity: \_\_\_\_\_ Date: \_\_\_\_\_

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## Final Expense Report

Please provide a breakdown of your actual expenses along with signed copies of all receipts, invoices and contracts.

<b>Today's Date:</b>		
<b>Activism Activity:</b>		
<b>Group Name:</b>		
Type of Expense (printing, food, incentives, etc.)	Estimated Cost	Actual Cost
<b>Total</b>		

Group Name: \_\_\_\_\_ Activism Activity: \_\_\_\_\_ Date: \_\_\_\_\_

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