SPECIAL OLYMPICS NATIONAL YOUTH LEADERSHIP SUMMIT

**FINAL REPORT**

*This report must be completed within 30 days of your National Youth Leadership Summit, and should be submitted to your Regional youth staff.*

**Special Olympics Program:**

**Date of Youth Summit:**

**Location of Youth Summit (city):**

**Program staff member completing report (name and email):**

**NARRATIVE REPORT**

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| **What local organizations, sponsors or partners were engaged in this event?** If any of the partners contributed financially, please explain: |
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| **Results summary:** Please provide an overview of your Program’s progress towards completing your project goals. Please also highlight the successes achieved as a result of the Summit. |
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| **Challenges:** Please describe any unexpected setbacks or challenges with implementing your National Youth Leadership Summit. |
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**Metrics:** Please complete the metrics table below with the outcomes you achieved as a result of the National Youth Leadership Summit.

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| --- | --- |
| *Metric* | *Actual Number* |
| Number of Youth with and without ID actively engaged in planning of the Summit |  |
| Number of Youth (with ID) trained at the Summit |  |
| Number of Youth (without ID) trained at the Summit |  |
| Number of Adult mentors trained at the Summit |  |
| Number of Youth indirectly engaged |  |
| Number of new Unified Schools |  |
| Number of new Unified Champion Schools |  |

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| **Story:** Please share a story that relates to the National Youth Leadership Summit. This could be from a Youth Leader, adult mentor, Program staff, etc. |
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| **Quotes:** Please share 2 quotes from Youth Leaders and 1 quote from an adult mentor/educator. |
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| **Media links:** Please share links to news articles, videos, photos or other online media that feature the National Youth Leadership Summit. Please paste the URL’s below. |
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| **Photos and videos:** All Programs are required to submit photos/video of their National Youth Leadership Summit. Please upload the photos to a site such as Dropbox, flickr, Imgur, Vimeo, Google or We Transfer to share. Please provide the link below to the photos/video. |
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| **Project continuity:** Please share which schools or communities will be hosting local level Youth Leadership Summits. |
| |  |  | | --- | --- | | **School/Community Name** |  | | **School/Community Location (city)** |  | | **Summit Date** |  | | **Projected Number of Attendees** |  | | **Proposed Budget (USD)** |  | |
| |  |  | | --- | --- | | **School/Community Name** |  | | **School/Community Location (city)** |  | | **Summit Date** |  | | **Projected Number of Attendees** |  | | **Proposed Budget (USD)** |  | |
| |  |  | | --- | --- | | **School/Community Name** |  | | **School/Community Location (city)** |  | | **Summit Date** |  | | **Projected Number of Attendees** |  | | **Proposed Budget (USD)** |  | |
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| |  |  | | --- | --- | | **School/Community Name** |  | | **School/Community Location (city)** |  | | **Summit Date** |  | | **Projected Number of Attendees** |  | | **Proposed Budget (USD)** |  | |

**FINANCIAL REPORT**

Please outline your expenses from the National Youth Leadership Summit below (in USD). Program should keep record of all receipts and have them available if requested by Special Olympics International.

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| *Description* | *Receipt/Reference Number* | *Total Cost (USD)* |
| Meeting Space |  |  |
| Interpreters |  |  |
| Rooming |  |  |
| Meals |  |  |
| Participant Travel to Summit |  |  |
| Staff Travel |  |  |
| On-site Transportation |  |  |
| Apparel/Uniforms |  |  |
| Photography/Videography |  |  |
| Printing |  |  |
| First Aid/Nurse |  |  |
| Shipping Costs (Materials) |  |  |
| Event Insurance |  |  |
| Other |  |  |
| **TOTAL** |  |  |