**2024/2025 YPI Year End Report**

***This report is due May 30, 2025.***

**Organization Information**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grant Contact Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Information**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*ONLY COMPLETED REPORTS WILL BE ACCEPTED. A COMPLETED REPORT MUST INCLUDE: BUDGET WITH RECEIPTS, AT LEAST ONE PHOTOGRAPH OF THE EVENT, AND A COMPLETED DEMOGRAPHICS FORM.**

**ALL LEFT-OVER FUNDS MUST BE RETURNED TO MDWFP AT THE FOLLOWING ADDRESS:**

**MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS**

**ATTN: MAJOR CHRIS CLARK**

**1505 EASTOVER DRIVE**

**JACKSON, MS 39211**

**MAKE ALL CHECKS PAYABLE TO MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS OR MDWFP.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year End Report Grant Questions** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please discuss the goals and objectives identified in your original proposal narrative and indicate your progress in achieving them. What adjustments, if any, were made from your original proposal? Was the program/event successful?**
2. **Please indicate if funds were fully expended for the purpose originally proposed in your budget. Describe any changes or variations from the original budget.**

**Photograph**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach one or more photos in the email relating to your project and proof of using MDWFP logo on all program press releases, signage, clothing, brochures, or other public communications.**

**Budget**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Income:** Please indicate how any matching funds were utilized to accomplish your goals. Also list the in-kind (non-cash) contributions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Source** | **Projected ($)** | **Actual ($)** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL INCOME:** |  |  |  |

* **Expenses:** You must also provide copies of all receipts received for purchases made using Youth Participation Initiative Funds.