



## Six Month Activity Report

COMMUNITY ENRICHMENT FOR KLICKITAT/SKAMANIA COUNTY

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Project Name:

Contact Person and Phone:

Name of CEKC Board Representative:

Please complete and submit this form every six month from the date of your project(s) acceptance to your assigned board representative.

1.) List each activity (including grants) your group carried out for this project in the past six months.

Was the 501(c)3 used for any of the listed activities?

Was the Event Insurance used for any of the listed activities?

2.) What was the goal of each activity and was that goal achieved? If not, please explain:

3.) What were your successes and challenges?

4.) Who, seniors, children, low-income, women, (be specific) attended and how many at each event? How many volunteer hours were logged for each activity?

5.) How did each activity further CEKC's mission to strengthen the social and economic well being of Klickitat and Skamania Counties?

Non-discrimination Policy: CEKC does not discriminate against any person on the basis of race, color, national origin, disability, sex, age or sexual orientation in admission, treatment, or participation in its programs, services and activities, or in employment. No person shall be excluded from participation in, or be denied the benefits of any service, or be subjected to discrimination because of race, color, nationality, religion, sex, age, disability, or sexual orientation.

9/13/17