



PROJECT END OF YEAR REPORT

CEKC Mission: To enrich community services and engage in activities that strengthen the social and economic well being of Klickitat and Skamania County residents.

Project Name:

Contact Person:

Phone/Email:

1. Please list names and contact information for all additional officers or relevant project leadership:

2. Share a brief description of the Project's work over the past year, including both triumphs and struggles.

3. Do you have any feedback for CEKC about the partnership to date? Please share ideas for collaborating more effectively.

4. Are all year-to-date quarterly financial reports complete?

Date Submitted: _____

Signature of Project Officer _____

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.