

Communities Empowering Youth Demonstration Project



Record of Community Engagement Participation

Name of CEY Partner Organization: _____

Address: _____

City State Zip

Office Telephone #: _____

Contact Person: _____ Contact Person's Phone #: _____

Contact Person's E-Mail: _____

| DATE OF PROGRAM/ MEETING | NAME OF GROUP/ ORGANIZATION | BRIEF DESCRIPTION OF THE TYPE OF PROGRAM/ MEETING |
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EXAMPLE:

Date of Program/ Meeting— August 27, 2007

Name of Group/ Organization— Newport News After-School Alliance

Brief Description of the Type of Program/ Meeting— Monthly Meeting

Office use — Date Received: _____ By (initials): _____

Notes: