## Human Rights Enhancement Program Final Report The final report must be submitted within 30 days of the event or program.

Program/Event Name:	
Program/Event Date(s):	
1 Togram/Event Date(s).	
Organization Name:	
<u> </u>	
What specific activities/services w	vere provided with this funding? Provide a detailed overview of the program
and the specific activities used in	providing services to the target audience. Include how many people
attended the program or event. (2	250 word limit)
II PINI	
How did this program enhance hu	man rights education in Columbia? (100 word limit)
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ommunity?	
Very Effective: The program reached the target audience with a clear human rights message that motivated people to action.	b
Effective: The program reached the target audience with a clear human rights message.	
Somewhat Effective: Response to the program was less than anticipated and the human rights message w less than clear to the audience.	as
Ineffective: Response to the program was poor and the human rights message was unclear to the audience	! <u>-</u>
Additional Comments:	

## **ACTUAL PROGRAM BUDGET**

Program Revenue	Actual Program Budget
DIRECT SUPPORT (e.g. donations, fundraising)	
GOVERNMENT CONTRACTS/SUPPORT:	
<ul> <li>City of Columbia - HREP* (limit \$500)</li> </ul>	
City of Columbia - Other	
<ul> <li>Other Local Government</li> </ul>	
<ul> <li>Federal (e.g. Medicaid, Title III, etc.)</li> </ul>	
<ul> <li>State (e.g. purchase of services, grants, etc.)</li> </ul>	
<ul> <li>Other (e.g. schools, courts, etc.)</li> </ul>	
Admission Fees	
Foundations/Corporations	
Other Revenue Items (e.g. investment income)	
Total Program Revenue	
In-Kind Contributions	
Volunteer Hours (based on \$21.36/hour)	
Other In-Kind Contributions (e.g. meeting space)	
Total In-Kind Contributions	
Program Expenses	
Personnel	
Non-Personnel	
Total Program Expenses	

## **Final Report Certification**

I certify that the information included in this final report is true, accurate and submitted with the approval of the applicant organization's governing board.

Certified By (Name):	
Title:	
Date:	
Phone:	
E-mail Address:	

## **Final Report Submission**

Completed final report should be submitted to:

City of Columbia
Diversity, Equity and Inclusion Administrator
701 E. Broadway, 2nd Floor
P.O. Box 6015
Columbia, MO 65205-6015

• HumanRights@CoMo.gov