

Idaho Horse Council Equine Youth Fund
After Action Report Form

Project Title: _____

Organization: _____

County: _____ Affiliate Organization: (i.e., 4-H, PATH, Girl Scouts, Boy Scouts) _____

Point of Contact for Project:

Name: _____ Phone Number: _____

E-Mail Address: _____

Mailing Address: _____

Project Status: (completed, partial, in-progress with estimated completion date, etc.).
Issues?

Detailed Description of Project: (to include purpose, importance, budget, costs, donations – labor, equipment, etc.)

Benefits: (who benefits from project, impact project has on youth involved in equine activities, organizations benefiting from project, impact on communities and county, etc.)

Photos: (before, during showing work being accomplished, and after)

