

# IDAHO HORSE COUNCIL

Idaho 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)