

**ADOPTION AMBASSADOR OUTREACH ACTIVITY LOG**  
**Month Ending \_\_\_\_\_**



**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

*It is critically important to the REACH Project that we track our efforts/outreach and report them to the U.S. Department of Health and Human Services Children's Bureau for continued funding. We ask that you to please take time to fill out and return this ambassador outreach activity log.*

| DATE | HOURS | TYPE OF OUTREACH | LOCATION | PRE-APPROVED MILEAGE* | AUDIENCE | NUMBER ATTENDING |
|------|-------|------------------|----------|-----------------------|----------|------------------|
|      |       |                  |          |                       |          |                  |
|      |       |                  |          |                       |          |                  |
|      |       |                  |          |                       |          |                  |
|      |       |                  |          |                       |          |                  |
|      |       |                  |          |                       |          |                  |

Type of outreach – Please provide details (examples below)

- Presentation (i.e. booth at conference, speaking engagement to business or community organization, presentation at association meeting, speaking to individuals, etc.
- Mentoring
- Media interview

\*Requests for mileage reimbursement must be pre-approved by REACH Project staff.