PAPERWORK REDUCTION ACT NOTICE

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Federal Deposit Insurance Corporation

YOUTH SAVINGS PILOT PROGRAM PARTICIPANT REPORTING FORM

INSTRUCTIONS: Please complete the form in its entirety.				
SECTION I – BANK FEEDBACK				
1. Contact Name		2. Contact Number (Include Area Code)		
3. Contact Email Address				
4. Bank Name		5. Certificate Number		
6. Report Date	7. Reporting Phase (Ch	eck one only)		
	☐ Phase I ☐ Phase II			
ACCOUNTS OF PARTICIPATING YOUTH				
Prior to this period, how many youth savin have?	vings accounts did you a. How many youth savings accounts were added this period?			
9. How many youth savings accounts were closed this period? a. How many current youth savings accounts do you have?				
10. What was the average account balance at the end of this period?				
11. What are the key contributions made by your partners (e.g., participating schools and non-profit organizations)?				
12. What financial education materials or resources are used?				
13. How do you measure or define your prog	ram's success?			
14. Provide an estimate of the annual progra	 m costs \$			
a. Provide an estimate of the annual number of participants				
b. Provide an estimate of the cost per participant \$				
15. What costs are included in your program and what is the largest cost (e.g., salaries, development and distribution of materials, promotional items etc.)?				
16. What non-bank resources are used to carry out the program (e.g., school facilities, administrators, teachers, parents, volunteers, etc.)?				
17. Do you believe the program resulted in new account relationships with others besides participating youth (e.g., parents or employees of the partnering organizations)? Yes No (Explain below.)				
18. Will you continue the Youth Savings Program over the next few years? Yes No (Explain below.)				
19. May we contact your partners to learn their experiences? Yes No (If "Yes," provide the school's or non-profit organization's contact name, telephone number, and email address.)				
Name Telephone Number (Include Area Code) Email Address				
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SECTION II – SCHOOL (OR NON-PROFIT ORGANIZATION) FEEDBACK			
20. Contact Name		21. Contact Number (Include Area Code)	
22. Contact Email Address			
23. School (or non-profit organization) Name		24. Grade(s) of participating students	
25. Report Date (mm/dd/yyyy)	26. Is this a Title I School?	27. School Year? (Check one only)	
Yes No 2014-2015 2015-2016 28. What financial education topics and curricula are taught to your students? Who delivers the programs (i.e., teachers, bankers, others)?			
29. Are there ways in which the financial education curriculum or experiential learning can be better tailored to meet the school's goals? [Yes No (Explain below.)			
30. In what ways have your students' financial knowledge been affected by the financial education they have received?			
	ial behavior been affected by the financial educ		
	standing of finances been impacted by the finar		
33. Did you engage with parents on financial management topics? If so, how and what were the results?			
34. Has this program had any influence on your students' academic performance? Yes No (Explain below.)			