**REPORT**

**Due 30 days after the event or by date specified in delivery packet**

Today’s Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Partner Organization Name: |  | | Office Phone #: |  |
| Address: |  | | Office Fax #: |  |
| City, State, Zip |  | | Email  Address: |  |
| Primary Contact: |  | Alternate Phone #:  *(other than office number)* | |  |
| Secondary Contact: |  | Secondary Contact Phone#: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of EVENT: |  | | | Event Date: |  |
| Number of participants: | |  | Number of volunteers/staff: | |  |

What type of Community Event did you have? (Health Fair, Clean-up, etc.)

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Describe how you/your staff planned and implemented the event (e.g.: any challenges, accomplishments, etc.):

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What positive information did your organization present to the participants?

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**Did the Community Events Service help your organization meet or make progress towards your program goal(s) listed on the request?**

(Check One) Yes  No

**Please let us know how this service helped your organization reach your program goal(s). Select your top 2 answers ONLY:**

Increased Resources  Increased Community Engagement  Improved Outreach  Improved Education

Improved Health  Improved Public Safety  Improved Programming  Improved Results

Please provide an example of how this service helped you to make progress to your program goals:

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**If you have any upcoming events that PWNA could assist you with, please don’t forget to turn in a new Community Events 2-page Request Form.** Please contact the office with any questions.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Program Partner Primary Contact Signature* |  | *Date* |

Don’t forget to attach your Participation Logs. Thank you!!!