



# Community Event

## 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 #: <i>(other than office number)</i>	
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.) \_\_\_\_\_

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

What positive information did your organization present to the participants? (Did you attach a flyer to the report?)  
 \_\_\_\_\_  
 \_\_\_\_\_

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

(Circle One) Yes                      No

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

- Increased Resources   
  Increased Community Engagement   
  Improved Outreach   
  Improved Education  
 Improved Health   
  Improved Public Safety   
  Improved Programing   
  Improved Results

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

**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!!!