

# ***Disaster Relief Service***

## ***REPORT***

Partner Organization Name:		Tribe Name:	
Address:		Office Phone #:	
City, State, Zip		Office Fax #:	
Primary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Title:		Email address:	

Please Check the Type of Disaster you are Reporting on and Indicate:

- Natural Disaster**
                 
  **Community Emergency**
                 
  **Health Emergency**

**Number of Households:** \_\_\_\_\_ **# of Volunteers/Staff:** \_\_\_\_\_

**Distribution Dates:** \_\_\_\_\_ **Communities Served:** \_\_\_\_\_

Please check all the following boxes of people who were served:

- Elders
     
  Persons with disabilities
     
  Veterans
     
  Children ages 0-12

**What PWNA products DID NOT work for your participants and why??**

**Did your Distribution go according to your plan? (Check One)**       Yes       No

**Describe how the Distribution went (include comments on what happened before, during, and afterwards):**

**Please provide an example of how the Disaster Relief service helped the entire community.**

**Please share comments/feedback your participants had regarding the Distribution:**

**Disclaimer:** *Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such manner, PWNA will be forced to drop the Program Partner.*

\_\_\_\_\_  
*Program Partner Signature*

\_\_\_\_\_  
*Date*

Report due 30 days from the time of delivery or by the date listed in your delivery packet.