



EASTER

REPORT



Due 30 days after Easter 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 #	

Please complete the following:

Number of Participants: _____ Number of Staff/Volunteers: _____

Location of Event: _____ Event Date: _____

Describe how the planning and execution of the event went (i.e., challenges/accomplishments, collaborations etc.)

What would you do differently and why? _____

Please provide feedback on products sent (Was there enough? What didn't work?)

Did the Easter 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: _____

Do you have any questions or comments about Easter or any other PWNA Services?

Program Partner Primary Contact Signature

Date signed

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