



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 #: (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.)

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 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:

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!!!