



# 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'QPN[ :**

- ☐ 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 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!!!