**REPORT/RENEWAL**

**Due 30 days after your delivery date 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 # | | | |  | |
| **What services did your program offer incentives for this past distribution? (*Check ONLY those that apply)*** | | | | | | | | | |
| **🗹 Box** | **Type of service** | | **Topic/Education provided to participants** | | | | | | **# of participants NOT duplicated** |
|  | 1-on-1 Ed | |  | | | | | |  |
|  | Home Visits | |  | | | | | |  |
|  | Classes | |  | | | | | |  |
|  | How many classes were offered?🡪 | | | | | |  | |  |
| What incentive **DID NOT** work for your program or participants and why? | | | | | |
|  | | | | | | | | | |

**Did the Healthy Living Service help your organization meet/make progress towards your program goals listed on the request?**

(Click One) Yes  No

**Please let us know how this service helped your organization reach your program 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 program goals:**

|  |
| --- |
|  |

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| --- |
| What incentives can we provide that fit the needs of the participants so PWNA can **BETTER** support your program? |
|  | |

Do you have any referrals, questions, or comments about Healthy Living or any other PWNA Services?

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| --- |
|  |

**R****ENEWAL SECTION: Please provide the following information OR check this box:  Please HOLD**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Education for Classes/ 1-on-1/HVs: |  | Number of Participants expected for the next 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 Partner Primary Contact Signature* |  | *Date* |

*program volunteers have used the products in such manner, PWNA will be forced to drop the Program Partner.*

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