**REPORT**

**Due 30 days after Christmas or by date specified in delivery packet**

 Today’s Date:

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| --- | --- | --- | --- |
| 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 Check the Project you are Reporting on and Indicate:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **Children’s Stocking**  | [ ]  **Santa Stops** | [ ]  **Elder Bags** | [ ]  **Community Meal** |

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| --- | --- | --- | --- |
| **Number of Participants:** |  | **Number of Volunteers/ Staff:** |  |
| **Event Date:** |  | **Location:** |  |

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| **What products/food DID NOT work for your program or participants and why?** |
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**Describe how the event went (please include comments on what happened before, during, and after the event):**

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**Please share comments your participants/students had regarding the stockings/meal:**

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**Did the Holiday 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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**Do you have any questions or comments about the Holiday (Christmas) Service or any other PWNA Services?**

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| Program Partner Primary Contact Signature |  | Date |

**Don’t forget to attach your Participation Logs, Stories and/or Photos. Thank you!**