**REPORT/RENEWAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 # | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Men | Women | Children  (under 18) | **Total** |
|  |  |  |  |

**How many residents did you serve this quarter?**

**What was the average length of stay?**

**(a month, a few days, a week, etc.)**

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**What products *DID NOT* work for your program and why?**

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**What are the needs of the residents so we can *BETTER* support your program?**

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**Did the Residential Service help your organization meet/make progress towards your program goal(s) 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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**RENEWAL SECTION: Please provide the following information OR check this box:  Please HOLD**

**Without duplicating, how many residents are you planning to serve?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * These numbers should represent your monthly   count or monthly average census | Men | Women | Children (under 18) | **Total** |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Program Partner Primary Contact Signature* |  | *Date* |

