**REPORT**

**Due 30 days after Easter 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 complete the following:**

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

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| **Describe how the planning and execution of the event went (i.e., challenges/accomplishments, collaborations etc.)** |
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| **What would you do differently and why?** |  |
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**Please provide feedback on products sent (Was there enough? What didn’t work?)**

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**Did the Easter Service help your organization meet or make progress towards your goal(s) listed on the request?**

(Circle One) Yes No

**Please let us know how this service helped your organization reach the 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 goals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any questions or comments about Easter or any other PWNA Services?**

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|  |  |  |
| Program Partner Primary Contact Signature |  | Date signed |

Don’t forget to attach your Participation Logs. Thank you!!!