Children First! Event Completion Form- District 318

Event Name Event Date

Evaluation:

What Children First Goals were met? (Select all that apply)

\_\_\_Provide safe environment for children & their families

\_\_\_Provide engaging educational opportunities for families

\_\_\_Children from all incomes & backgrounds are valued & supported

\_\_\_Parents are linked to programs & community supports that empower them to meet the developmental & health needs of their children & themselves

\_\_\_Other (please explain)

Would you offer this event again next year?

Notes for next year’s planning-

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Participation Numbers** |  |  |  |
|  | Attendance # |  | Attendance # |
| Children Ages 0-5 |  | Adults age 19-54 |  |
| Children Grade K-5 |  | Adults age 55+ |  |
| Youth Grade 6-8 |  | TOTAL Adults |  |
| Youth Grade 9-12 |  |  |  |
| TOTAL Children & Youth |  | TOTAL Attendance |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description** | **Actual Cost of item** | **Total amount Children First! Money Used** | **Total amount of other dollars used** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

\*Any invoice for reimbursement of funds should be made out to Community Ed ISD 318-Children First and should have supporting receipts and/or invoices attached to the invoice.

|  |
| --- |
| **In-Kind Contributions** (anything used for the event that was not paid for with Children First money) |
|  | Item or Time | Value |
| Volunteer Time(in hours) |  |  |
| Staff Time (in hours) |  |  |
| Space or Facility Use |  |  |
| Equipment or Materials |  |  |
| Other(explain) |  |  |

\*\*Include any photos of the event to be used for future marketing\*\*