

Co-Sponsorship of Training and Conference Fund Activity/Event Report

Name: Amount of funding awarded: $

Organization (if applicable):

Phone: Email:

Address of Activity/Event: Street City Zip

1. Activity/Event Name/Type:
2. Number of participants impacted by Activity/Event:
3. Goal(s) of the Activity/Event:
4. Tell us about the Activity/Event. Was it successful and what did you use to measure that success? What aspects of the event were MOST successful? What aspects of the event/activity were LEAST successful? Were there unexpected problems? If so, how did you overcome them? If you were to repeat this Activity/Event, what changes would you make? (use another sheet if needed)

**Submit your completed Grant Activity/Event Report no later than 30 days after of the event/activity. Please include any photos or products that resulted from the event/activity. You can mail the Report to First 5 Solano at 601 Texas Street, Suite 201, Fairfield CA 94533 or email the Report to** **cfcsolano@solanocounty.com.**

Feb 2018