

Community Benefit Event Reporting Form

Event Description

Description: _____ Date: _____

Entity: _____

Section (Authorization Required): _____

Program (Authorization Required): _____

Number of Events: _____ Persons Served: _____

Department: _____ Department Number: _____

Direct Expenses

Direct Expenses: _____ Purchased Services: _____

Supplies: _____ Other Direct Expenses: _____

Volunteers / Staffing

Type: Volunteers Staff _____ _____

Hours: _____ _____ _____ _____

Staffing Cost (if not using hours): _____

Revenue

Fees: _____ Foundation / Fundraising: _____

Grants / Support: _____ Grant Source: _____

Other Revenue: _____

Notes / Comments

Community Needs

Activity Addresses an Unmet Community Need

Activity Duplicated in the Community

Collaborative Effort

Partner: _____

Setting

Inpatient

Outpatient

Facility

Community

Workplace

Home

Other: _____

Format

Seminars

Health Fairs/Screening

Event/Meetings

Speakers Bureau

Newsletter

TV/Radio

Clinic

Other: _____

Target

Persons with Disabilities

Racial, Cultural, and Ethnic Minorities

Uninsured/Underinsured

Other: _____

Gender:

All

Female

Male

Targeted For:

Broader Community

Poor

Age Group:

Infant

Children

Teen

Adult

Seniors

All

Submitted By: _____

Phone Number: _____