

Penn Treaty Special Services District
SPONSORSHIP REPORT FORM

Please provide the information requested below.
This form is due six months after the completion of the sponsored event/activity.

Sponsorship Amount: \$ _____

Sponsorship Award Date: _____

Organization: _____

Event/Activity: _____

Date Of Event/Activity: _____

Date Report Submitted: _____

Please check one: **Event**

Program

Capital Improvement

As of the date of this submission, are there unused funds from this grant in your account?

Yes. There is \$ _____ in unused funds. No

1) Please provide copies of receipts for costs associated with the Sponsored Event/Activity.

2) Were the goals and objectives of the event/activity reached? No Yes

3) Briefly describe the benefits to the community the event/activity achieved.

4) Approximate number of residents/families served by the event/activity:

5) Is this an annual event/activity? No Yes

6) If you were to undertake this project again, what – if anything – would you do differently?

NAME _____

President / CEO / Executive Director

SIGNATURE _____

DATE _____