

COMMUNITY SERVICE NETWORK  
Funding Follow-up

Name of Event: \_\_\_\_\_

Name of Sponsor Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Net ID/Email: \_\_\_\_\_

Actual Attendance: \_\_\_\_\_ Will This Event Happen Again? \_\_\_\_\_

Expenditures:

Was there a discrepancy between money given and money spent? \_\_\_\_\_

If so, how much? \_\_\_\_\_

On which items? \_\_\_\_\_

\_\_\_\_\_

Please tell us about the success of your event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

And the challenges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_