EVENT EVALUATION FORM

Grant Application #: ____________________

Applicant Information

Student Organization Name: _______________________________________________________

Representative Name: ___________________________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________

Did you partner with another organization? YES NO If yes, what group(s)? ______________

Amount allocated by CLF Grant Committee: _______________________________________

Amount used by organization: _________________________________________________

Project Information

Name of Event: ______________________________________________________________________

Date of Event: ___________________________ Time of Event: ___________________________

Location of Event: ___________________________________________________________________

Number of Binghamton University students that participated: _______________________

Please answer the following questions: (Feel free to use the back of this sheet if necessary).

- Give a clear and concise overview of the event.

- Did your event meet your expectations and intended goals?

- Would you make any change to the event or its planning process? What would those changes be?

- Describe how your event promoted student development, enhanced diversity and benefited the community.

- If you collaborated with another student organization, please explain the efforts of each group in planning and implementing the event.

- Detailed Event Budget: document the entire anticipated event expenses and income. (Budget must show sources of funding pending and definite). Was any revenue generated? If yes, how much?

- What changes if any would you recommend for the CLF Event Grants process?
Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my evaluation may result in ineligibility in the future and may be required to repay the full amount of the award.

I also understand that this form should be submitted to Jennifer Keegin, associate director for Campus Activities in UUW207 within 30 days of award.

Signature:  

Date:  

Date:  

2