program evaluation form

funding request follow up

note: This form **MUST** be submitted to the Office of the Dean of Students within 2 weeks of the event/program date. Failure to do so may jeopardize good standing, access to funding, and future funding.

Organization: _____

_____

Program/Event Name: _____

_____

Date(s): _____

Location: _____

Program/Event Chair: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Program Advisor: _____

funding source	amount requested	amount allocated	actually spent	balance	
ASUCI Student Programming Fee Board					Total Program Budget:
Community Service Funding Board					
Multicultural Programs Committee					$ _____
Dean's Fund					Organization's Contributation:
Other Source(s):					
					$ _____
					Net Gain/Loss:
					$ _____

general program information

Publicity/PR Chair(s):
_____

Publicity Methods Used (check all that apply):

☐ e-mails ☐ hand-made posters

☐ flyers ☐ professionally printed posters

☐ invitations ☐ professionally printed cards

☐ advertisements

☐ radio station(s)

☐ website

☐ other (specify) : _____

Distribution/Circulation (check all that apply):

☐ members only ☐ UCI campus community

☐ other campuses

☐ general public

☐ other (specify): _____

Did the performer/speaker also advertise your event?

☐ Yes   No ☐

Total Number of People in Attendance: _____

General Audience/Participant Description by Percentage (totals do not necessarily add up to 100%):

☐ club members _____ %   ☐ UCI students _____ %

☐ general public _____ %   ☐ UCI faculty/staff _____ %

☐ other specify _____ %

What was the primary goal/purpose of your event?

_____

_____

Was the goal achieved? Please explain.

_____

_____

Does your organization plan to conduct a similar event next year? If so, when?

_____

_____

What changes would you recommend to those planning this event next year? (Attach sheet or use back of form.)

_____

_____

_____

_____