



THE ARC OF WELD COUNTY COMMUNITY PARTNERSHIP FUND FINAL REPORT

MISSION:
The Arc of Weld County promotes and protects the rights of people with intellectual and developmental disabilities through empowerment, advocacy and community outreach.

AGENCY PROFILE & AUTHORIZATION

Please complete and return this form with any attachments within thirty (30) days of the completion date of the scheduled event. No further grant requests from your organization will be considered until this report has been completed and returned.

Name of organization or agency: _____

Address: _____

Primary contact Name: _____

Phone Number: _____ Email: _____

Date of Request: _____

Amount Granted: _____ Date of Event: _____

Title of event/program: _____

Signature of Executive Director or Authorized Board Officer

Date

EVENT EVALUATION

Please answer the following questions on an attached sheet

1. Give a brief overview of the event including how many people were in attendance. Please include participant survey results or other measurable data that supports the intent of the awarded monies.
2. How did the event or program address inclusion for individuals with intellectual/development disabilities? Please site specific examples.
3. Did the event differ in execution from how it was presented in the proposal? If so, how?
4. What were the successes and challenges you experienced in doing this event?
5. What were the major benefits of this grant to your organization? To the community?
6. Please include any quotes or stories of impact from this grant. Please include any relevant photos or videos from the event. Please email any videos and or photos to amelia@arcweldcounty.org.
7. Release Forms for photos, videos and interviews are available online.

FINANCIAL EVALUATION

8. Please attach a detailed line-item financial accounting of the event expenses and include receipts as stipulated.