

## Event/Activity

(Complete one form per public community outreach or engagement event/activity the FRC hosts or collaborates in.)

### 1. Event / Activity Information, Collaboration, and Attendance

Event Date	Virtual, In-person, or Hybrid?	FRC Event Title (FRC given title)	Staff Language(s) Offered? (select all that apply)				
	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person <input type="checkbox"/> Hybrid		<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Khmer <input type="checkbox"/> Portuguese (Brazilian)	<input type="checkbox"/> Portuguese (Continental) <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese		
<b>Select one Event / Activity from Category A, B, C, or D</b>							
<b>Event Category A: Arts/Cultural/Social Events</b>					<b>Event Category B: Goods Distribution</b>		
<input type="checkbox"/> Back to School Event <input type="checkbox"/> Cooking Events/Potluck <input type="checkbox"/> Cookout <input type="checkbox"/> Elderly/Senior Activity					<input type="checkbox"/> Backpack Drive <input type="checkbox"/> Car Seat Drive <input type="checkbox"/> Diaper Drive <input type="checkbox"/> Food/Marketplace Drive <input type="checkbox"/> Toiletry/Hygiene Product Drive		
<input type="checkbox"/> Family Activity/ Outing <input type="checkbox"/> Family Day <input type="checkbox"/> Field Trip <input type="checkbox"/> Holiday Party					<input type="checkbox"/> Movie Night – Family <input type="checkbox"/> Movie Night – Kids <input type="checkbox"/> Movie Night – Teens <input type="checkbox"/> Poetry/Story Walk		
<input type="checkbox"/> Public Community Event <input type="checkbox"/> Special Celebrations <input type="checkbox"/> Sporting Event <input type="checkbox"/> Youth Activity/ Outing							
<b>Event Category C: Public Clinics and Workshops</b>					<b>Event Category D: FRC Promotions/Milestones</b>		
<input type="checkbox"/> Benefits/ Enrollment Clinic <input type="checkbox"/> Child Safety Program <input type="checkbox"/> Court Clinic <input type="checkbox"/> Health Clinic <input type="checkbox"/> Housing Clinic <input type="checkbox"/> Life Skills/ Workshop (single session) <input type="checkbox"/> Utilities Clinic					<input type="checkbox"/> Anniversary <input type="checkbox"/> Open House <input type="checkbox"/> Table/Booth at Community Event		
<b>If event/activity was collaborative with another agency/organization, answer the following two questions.</b>							
<b>Describe FRC's Role</b>		<b>List the Agency/Organization(s)</b>					
<input type="checkbox"/> Collaborator <input type="checkbox"/> Event Organizer/ Host <input type="checkbox"/> Presenter		1.	2.	3.	4.	5.	6.

# of People Registered (if applicable)	# of Attendees	# of Attendees an Actual or Estimated Count?	Target Audience?
		<input type="checkbox"/> Actual count <input type="checkbox"/> Estimated count	<input type="checkbox"/> Children/Youth <input type="checkbox"/> Families <input type="checkbox"/> Grandparents <input type="checkbox"/> Parents <input type="checkbox"/> Teens/Tweens
# of Parents/Adult/Caregiver Attendees	# of Tween/Teens (ages 11 - 17) Attendees	# of Children/Youth (ages 0-10) Attendees	
<input type="checkbox"/> Actual count <input type="checkbox"/> Estimated count	<input type="checkbox"/> Actual count <input type="checkbox"/> Estimated count	<input type="checkbox"/> Actual count <input type="checkbox"/> Estimated count	

2. Distribution & Engagement

If basic goods were offered at the event/activity, please select all basic good(s) offered and indicate the # given out.				
<input type="checkbox"/> Baby Formula Count: _____ <input type="checkbox"/> Backpacks Count: _____ <input type="checkbox"/> Books Count: _____ <input type="checkbox"/> Car Seats Count: _____	<input type="checkbox"/> Clothing Items Count: _____ <input type="checkbox"/> Diapers Count: _____ <input type="checkbox"/> Food (Pantry or Meals) Count: _____ <input type="checkbox"/> Furniture Count: _____	<input type="checkbox"/> Gift Cards Count: _____ <input type="checkbox"/> Holiday Assistance Count: _____ <input type="checkbox"/> House Cleaning Products Count: _____	<input type="checkbox"/> Hygiene Products Count: _____ <input type="checkbox"/> Pack and Plays Count: _____ <input type="checkbox"/> School Supplies Count: _____	<input type="checkbox"/> Strollers Count: _____ <input type="checkbox"/> Transportation Voucher (Bus, Token, Charlie Card, A Ride, Rideshare) Count: _____ <input type="checkbox"/> Wipes Count: _____
What methods were used to engage attendees? (select all that apply)			# of agencies tabling at event/activity that were not collaborative agencies (if applicable)	
<input type="checkbox"/> Event Childcare <input type="checkbox"/> Food <input type="checkbox"/> Transportation				

3. Outreach

What outreach method(s) were used? (select all that apply and provide a count when applicable)		
<input type="checkbox"/> Collateral Network --- Count: _____ <input type="checkbox"/> Flyer Distribution --- Count: _____	<input type="checkbox"/> Included in Center’s Newsletter <input type="checkbox"/> Included in FRC Calendar and Calendar Posted on FRCMA.org/ FRConnect	<input type="checkbox"/> Personal Invitations --- Count: _____ <input type="checkbox"/> Posted on Social Media