**FORM F**

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**

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| **Event**  **Date** | **Virtual, In-person, or Hybrid?** | | | | | | **FRC Event Title** (FRC given title) | | | | | | **Staff Language(s) Offered?** (select all that apply) | | | | | | | | | | | |
|  | * Virtual * In-person * Hybrid | | | | | |  | | | | | | * English * Arabic * Cape Verdean Creole * Chinese (Mandarin) | | | | | | * Haitian Creole * Khmer * Portuguese (Brazilian) | | | | * Portuguese (Continental) * Spanish * Vietnamese | |
| ***Select one Event / Activity from Category A, B, C, or D*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Event Category A:** Arts/Cultural/Social Events | | | | | | | | | | | | | | | | | | | | **Event Category B:** Goods Distribution | | | | |
| * Back to School Event * Cooking Events/Potluck * Cookout * Elderly/Senior Activity | | | | | * Family Activity/ Outing * Family Day * Field Trip * Holiday Party | | | | * Movie Night – Family * Movie Night – Kids * Movie Night – Teens * Poetry/Story Walk | | | | | * Public Community Event * Special Celebrations * Sporting Event * Youth Activity/ Outing | | | | | | * Backpack Drive * Car Seat Drive * Diaper Drive * Food/Marketplace Drive * Toiletry/Hygiene Product Drive | | | | |
| **Event Category C:** Public Clinics and Workshops | | | | | | | | | | | | | | | | | **Event Category D:** FRC Promotions/Milestones | | | | | | | |
| * Benefits/ Enrollment Clinic | | * Child Safety Program | | | | | | * Health Clinic | | * Life Skills/ Workshop (single session) | | | | | | | * Anniversary * Open House | | | | | * Table/Booth at Community Event | | |
| * Court Clinic | | | | | | * Housing Clinic | | * Utilities Clinic | | | | | | |
| **If event/activity was collaborative with another agency/organization, answer the following two questions.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe FRC’s Role** | | | | | | **List the Agency/Organization(s)** | | | | | | | | | | | | | | | | | | |
| * Collaborator * Event Organizer/ Host * Presenter | | | | | |  | | |  | |  | | | |  | | |  | | | | | |  |
| **# of People Registered** (if applicable) | | | | **# of Attendees** | | | | | **# of Attendees an Actual or Estimated Count?** | | | | | | | **Target Audience?** | | | | | | | | |
|  | | | |  | | | | | * Actual count * Estimated count | | | | | | | * Children/Youth * Families * Grandparents | | | | | * Parents * Teens/Tweens | | | |
| **# of Parents/Adult/Caregiver Attendees** | | | | | | | | | **# of Tween/Teens (ages 11 - 17) Attendees** | | | | | | | | **# of Children/Youth (ages 0-10) Attendees** | | | | | | | |
|  | | | * Actual count * Estimated count | | | | | |  | | | * Actual count * Estimated count | | | | |  | | | | | * Actual count * Estimated count | | |

**2. Distribution & Engagement**

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| **If basic goods were offered at the event/activity, please select all basic good(s) offered and indicate the # given out.** | | | | | | | | |
| * Baby Formula   Count: \_\_\_\_\_\_\_\_\_\_   * Backpacks   Count: \_\_\_\_\_\_\_\_\_\_   * Books   Count: \_\_\_\_\_\_\_\_\_\_   * Car Seats   Count: \_\_\_\_\_\_\_\_\_\_ | * Clothing Items   Count: \_\_\_\_\_\_\_\_\_\_\_   * Diapers   Count: \_\_\_\_\_\_\_\_\_\_\_   * Food (Pantry or Meals)   Count: \_\_\_\_\_\_\_\_\_\_\_   * Furniture   Count: \_\_\_\_\_\_\_\_\_\_\_ | | * Gift Cards   Count: \_\_\_\_\_\_\_\_\_\_\_   * Holiday Assistance   Count: \_\_\_\_\_\_\_\_\_\_\_   * House Cleaning Products   Count: \_\_\_\_\_\_\_\_\_\_ | | | * Hygiene Products   Count: \_\_\_\_\_\_\_\_\_\_\_   * Pack and Plays   Count: \_\_\_\_\_\_\_\_\_\_\_   * School Supplies   Count: \_\_\_\_\_\_\_\_\_\_\_ | * Strollers   Count: \_\_\_\_\_\_\_\_\_\_\_\_   * Transportation Voucher (Bus, Token, Charlie Card, A Ride, Rideshare)   Count: \_\_\_\_\_\_\_\_\_\_\_\_   * 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) | | | |
| * Event Childcare | | * Food | | * Transportation |  | | |  |

**3. Outreach**

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| **What outreach method(s) were used?** (select all that apply and provide a count when applicable) | | |
| * Collateral Network --- Count: \_\_\_\_\_\_\_\_\_ * Flyer Distribution --- Count: \_\_\_\_\_\_\_\_\_\_ | * Included in Center’s Newsletter * Included in FRC Calendar and Calendar Posted on FRCMA.org/ FRConnect | * Personal Invitations **---** Count: \_\_\_\_\_\_\_\_\_ * Posted on Social Media |