

SGA of University of Connecticut Stamford Campus

Event Assessment

Funding Evaluation

This form must be completed for ALL events funded by the SGA. Failure to submit this form within 5 business days of your event may result in removal of funds and/or denial of future requests.

General Information

Sponsoring Organization: _____

Program/Event Title: _____ Date/Time of Event: _____

Describe the event:

Location of Event: _____

Would you recommend this location again? If not where would you recommend? _____

Attendance Report:

Students : _____ # Faculty/Staff: _____

Non-Students _____

What factors impacted the attendance at this event?

Did the attendance meet or not meet your expectations? Why?

Event Evaluation:

Overall success of program: (low)1 2 3 4 5 (high)

Why did you give it this rating?

Committee's level of involvement (low)1 2 3 4 5 (high)

How was your committee involved? What suggestions can you make to involved more members in this program next time?

How many volunteers helped with this event? _____

What roles were volunteers used?

Cooperativeness/professionalism of agency/artist: **(low)**1 2 3 4 5 **(high)**

Would you recommend this agency/artist again? Why or why not?

What changes or recommendations would you make to students trying to plan this event in the future?

Budget Review:

Income:

Description	Anticipated	Actual

Expenses:

Description	Approved	Actual

Please describe any differences between the original/planned budget and the actual income/expenses.

ADDITIONAL NOTES/COMMENTS, AND SUGGESTIONS FOR FUTURE: