**Delta Sigma Theta Sorority, Inc. Saginaw Alumnae**

**Program Evaluation for Committee Chairperson**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select 5-Point Programmatic Thrust for this event:

 Economic Development

 Educational Development

 International Awareness and Involvement

 Physical and Mental Health

 Political Action

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe program purpose:

Describe program outcome:

Cost of event:

 Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Final Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Variance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of participants: Community: \_\_\_\_\_\_\_\_\_\_ DST Sorors: \_\_\_\_\_\_\_

Total numbers of participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group Served:

 0-10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 11-18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 19-55 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 56+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of service hours: (Sorors x number of hours served)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Program: Yes ( ) No ( )

Additional Feedback:

 Program Chairperson complete and submit to bharge@charter.net following the event.