

Community Engagement Fund Grant Activity/Event Report

Name:	Amount of funding awarded: \$	
Organization (if applicable):		
Phone:	Email:	
Address of Activity/Event: Street	City	Zip
Activity/Event Name/Type:	·	·
2. Number of parents/caregivers that partici	ipated in or impacted by Activity/Event:	
3. Goal(s) of the Activity/Event:		
What aspects of the event/activity were I	t successful? What aspects of the event were Months LEAST successful? Were there unexpected proble o repeat this Activity/Event, what changes would	ems? If so, how

Submit your completed Grant Activity/Event Report no later than 30 days after of the event/activity. Please include any photos or products that resulted from the event/activity. You can mail the Report to First 5 Solano at 601 Texas Street, Suite 201, Fairfield CA 94533 or email the Report to cfcsolano@solanocounty.com.