

COMMUNITY OUTREACH/PUBLIC AWARENESS DATA COLLECTION FORM

For each community outreach or public awareness activity performed under the OVC Initiative, please record the following information. One form should be completed for each activity. Do not include technical assistance or trainings; these events are to be recorded on other forms for the OVC Initiative.

Funded by Grant ID/Number:
Title/Description of Outreach Activity:
Date of Outreach Activity: _____ (mm/dd/yyyy)
Hosted by: Organization 1: _____ Organization 2: _____ Organization 3: _____
Type of Outreach Activity: <input type="checkbox"/> Public Presentation <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Radio/TV Interview <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Fliers/Brochures/Quick Reference Guides <input type="checkbox"/> Billboards/Posters <input type="checkbox"/> Other (specify): _____
Target Audience(s) for Outreach Activity: (e.g., ethnic group, gender)
Location of Outreach Activity: (e.g., health fair, ethnic radio station, laundromat, grocery store)
Duration of Outreach Activity: (e.g., 4-hour health fair, 15-minute interview)
Number of Materials Shared: (e.g., 5 newspaper articles, 50 fliers)

