

Columbus GA Alumnae Chapter, Delta Sigma Theta Sorority, Inc.  
**COMMITTEE PROGRAM DEMOGRAPHIC REPORT**

**Insert Event Date(s)**

<b>PROGRAM INFORMATION/SUMMARY</b>	
<b>PROGRAM/PROJECT NAME (Description):</b>	
<b>FIVE-POINT PROGRAMATIC THRUST (If applicable):</b>	
<b>DESCRIBE THE PURPOSE (Summary):</b> (Include target audience and how program need was determined) (What is the community need or issue to be addressed?)	
<b>Program Evaluation</b>	
<b>What were the program goals?</b>	
<b>How were the program goals met?</b>	
<b>OUTCOMES/IMPACT (Summary):</b> (Describe the impact that this program had on the community)	
<b>Summarize the participants evaluation feedback:</b>	
<b>Program Participants</b>	
<b>Number of Non-Chapter Members:</b>	
<b>Number Community Partners &amp; Sponsors:</b>	
<b>Number of Chapter Members:</b>	
<b>What Age Group(s) Served?</b>	
<b>Please List Collaborators/Partners for This Program:</b>	
<b>New/Ongoing/Service Hours</b>	
<b>Is this an Ongoing Program?</b>	
<b>When is it Scheduled each Year or this Year?</b>	
<b>How Many Service Hours or the Length of Program?</b>	
<b>Awards/Recognition/Other</b>	
<b>Was Chapter Recognized with an Award, Letter, Etc.?</b>	
<b>Attach Supporting Documentation, Pictures, Event Flyers, Newspaper Articles</b>	