



COUPEVILLE LIONS FOUNDATION
 P.O. BOX 473
 COUPEVILLE, WASHINGTON 98239

Program Information

Title or Description:

Administration or Foundation?

Responsible Vice President or Board position (1st, 2nd, 3rd)

Committee Chair or Person Completing the Evaluation:

Fund Raising Programs

Fund raising Activities:

Hours:

	Before and After	During	Total
Number of Lion and Hours:			
Number of Non Lions Hours:			

Time Period:

When is the event held?

When does preparation begin?

Amount for the last previous program cycle (See Treasurer):

Gross Income:

Fund Raising Costs:

Net Income:

Service Programs/Projects:

What kind of services?

Who is served?

How many people are served?

Hours:

	Before and After	During	Total
Number of Lion and Hours:			
Number of Non Lions Hours:			

Time Period:

When is the event held?

When does preparation begin?

Finances:

Annual amount given or spent:

Program Evaluation:

How long have the Coupeville Lions conducted or supported this program?

How has the program evolved overtime (growth or reduction, changes in venue, changes in persons served, etc.)?

Is the program meeting the needs of the current recipients?

What are the future needs? Do we need to expand the program?

What are the risks? What factors could jeopardize our ability to perform the needed service?

What is the status of the procedures of other documentation?

How much depth and knowledge exists within the club to provide backup to the current chair and or committee?

What recommendations or conclusions to you have about the sustainability of the program or changes that should be made to improve the service or ongoing fund raising abilities?