

Program Grant Report and Evaluation

SUNY Buffalo State
Equity and Campus Diversity Office
2017-2018
Program Grant Report and Evaluation

(This report **must** be completed and submitted
before reimbursement can be made)

Department/Organization:

Contact Person:

Telephone: Fax: Email:

Project Title:

Date activities held:

Specific college mission, goals and objectives related to equity and campus diversity addressed by this project:

Description of activities:

Number of persons in attendance/participants:

Describe the methods and sources utilized in advertising for the event. (Please attach all documents used to publicize the event (e.g. tear sheets, posters, flyers.))

Describe the method used to evaluate program/project (Please attach a copy of the evaluation tool.)

Describe how the program/project addressed the college mission goals and priorities related to equity and campus diversity.

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What were the strengths of the program/project?

What were the weaknesses of the program/project?

What suggestions do you have for continuing the program/project or similar programs/projects?

Date: _____

Signature, Contact Person

Date: _____

Jason O. Parker, M.A.
Diversity Program Coordinator

Date: _____

Karen A. Clinton Jones, Ph.D.
Chief Diversity Officer