

# NEOA STATE INITIATIVE REPORT

**Name of Event or Project** \_\_\_\_\_

**Event or Project Contact**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

State Association: \_\_\_\_\_

**Date of Event or Project Completion** \_\_\_\_\_

**Event Schedule or Project Timeline**

### **Event / Project Purpose**

- Attendance at event/ numbers involved in project
- Outcomes and Results
- How does this event strengthen state capacity for political advocacy and/ or increase awareness of TRIO?
- Next Steps

### **Evaluation**

Briefly evaluate the event or project. What made this event or project successful? Will you repeat this event? If so, what changes would you make? Please know that your successes **and** challenges will be very helpful information for others planning to coordinate future state initiative activities.