

Program Data Sheet

| | | | |
|---|----------------------|-----------------|-----------------|
| Name of Event: | | | Pilot Program |
| | | | Revised program |
| | | | Repeat Program |
| Date: | Day of Week: | Time: | |
| Location: | Information Phone #: | Price: | |
| Program Coordinator: | | | |
| Phone #: | Fax #: | e-mail Address: | |
| Purpose of the Event: | | | |
| Indicator/Measure of Success: | | | |
| After Action Report (AAR) Comments from Prior Event(s): | | | |

Key POCs

| Name | Requirements | Phone # | Fax # | e-mail | Actions |
|------|-------------------|---------|-------|--------|---------|
| | Publicity | | | | |
| | Equipment | | | | |
| | Supplies | | | | |
| | Audio/video | | | | |
| | Decorations | | | | |
| | Food & Beverages | | | | |
| | Procurement | | | | |
| | Set-up / Clean-up | | | | |
| | Other | | | | |

After Action Report

Financial Analysis

| | | |
|-----------------|--|--------|
| Sales: | | Notes: |
| COGS: | | |
| Other Revenues: | | |
| Labor: | | |
| Other Expenses: | | |
| NIBD: | | |

Program Analysis

| | |
|-------------------------------|--|
| Attendance: | |
| Indicator/Measure of Success: | |
| Elements to Change: | |
| Elements to Eliminate: | |
| Elements to Add: | |
| Other Comments: | |