

2007-2008
Community Partnering Program
RECIPIENT FULFILLMENT REPORT

Organization: _____

Address: _____

Contact: _____ Phone: _____ Ext.: _____

Description of CPP sponsored program/activity: _____

When was the project/program completed? _____

1. Audience size: _____ Age group: _____ If event(s), list date(s): _____

2. Who attended? _____

3. Did the project fulfill MWD's Community Partnering mission? Please explain.

4. Do you believe the project was effective? Please explain.

5. Did the project meet the intended educational goals? Please explain.

6. Did the project generate media attention? Please explain.

Name (print): _____ Signature: _____ Date: _____

Note: Failure to complete and return this form may affect future sponsorships.

Please attach agenda, brochure, news clip or any material associated with the program.

Return to: _____

MWD Community Partnering Program

P.O. Box 54153

Los Angeles, CA 90054-0153

email: _____@mwdh2o.com

Phone: 213-217-_____

FAX: 213-217-6500