

Project Report Survey

Quick Start Fund for Public Engagement, Memorial University

Project Overview

Project Title

Applicant Information

First Name

Last Name

Email Address

Project implementation date

Start date

___/___/___ (YYYY/MM/DD)

Finish date

___/___/___ (YYYY/MM/DD)

Was the project implemented as described in the funding proposal?

- Yes
- No

If no, what how was the project changed and why?

Participation

How many people participated in this project/event?

Project Participants

List up to 10 key participants from the project:

Participant 1

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Would you like to list any other participants?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Participant 2

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 3

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 4

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 5

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 6

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 7

Affiliation Community

University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 8

Affiliation Community

University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 9

Affiliation Community

University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Participant 10

Affiliation Community
 University

First Name

Last Name

Role/Title

Organization or Faculty/Department

Email Address

Outcomes

List each of the objectives (up to 5) of the project and comment on how they were or were not met.

Objective 1

Objective

Comment

Would you like to add any additional objectives?

- None
- 1
- 2
- 3
- 4

Objective 2

Objective

Comment

Objective 3

Objective

Comment

Objective 4

Objective

Comment

Objective 5

Objective

Comment

Were any new projects, partnerships or collaborations established through this project?

- Yes
- No

If yes, please describe:

Please attach or provide links to any publications, reports or media clippings about this project:

Please paste links to previously published materials:

Evaluation

Did participants complete an evaluation of the event or project?

- Yes
- No

If yes, please provide a summary or upload any relevant materials.

Optional: Upload evaluation materials

Budget

What was the total cost of this project?

How did you use the Quick Start funds?

Did you leverage additional funding after or with the help of the Quick Start Fund?

- Yes
- No

If yes, please identify the sources and amount of funding leveraged:

Would this project have been possible without Quick Start funding?

- Yes
- No

Please provide details, if applicable.

Administration

Did you encounter any difficulties in receiving or using your Quick Start funding?

- Yes
- No

If yes, please provide details:

We welcome any additional comments or recommendations for improving this program:

