



Quarterly Progress Report

The Twiga Foundation, Inc.
 816 W Bannock St, #303 • Boise, ID 83702 • 208.343.1551 • FAX 208-401-9264

www.blockfest.org
www.twigafoundation.org

■ **Schedule 1.10** Save and/or print document to email, fax or mail to the Twiga Foundation ... Remember to save a copy for yourself

Date:	Quarter Ending: <input type="checkbox"/> Mar 31 <input type="checkbox"/> June 30 <input type="checkbox"/> Sep 30 <input type="checkbox"/> Dec 31	Year:
Name:	Organization:	
Phone:	Address:	
email:	City, ST, Zip:	

Event Date	Name of Facilitating BLOCK Fest® Host	Organization Sponsoring Event	City, ST	# of Parents	# of Children	# of BLOCK Fest® sessions hosted	# of Volunteers	Combo Books		# of parent feedback cards received
								# Given	# Sold	
TOTAL:										

If more than one (1) Host participated in a BLOCK Fest® Event, please provide name, email & organization of all who participated:

Date	Other Host(s) (previously referred to as Trainer)	Email Address	Organization	Date Trained (MM/YY)

How many volunteer trainings did you hold?	How many volunteers did you train?
Did your organization receive grants for this BLOCK Fest® events during this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, from whom?
Did local media cover your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, media type: <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Social <input type="checkbox"/> Other:



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WHAT WORKED WELL FOR YOUR EVENT?

SUCCESS STORIES: *Please share your favorite stories of the events!*

WHAT WOULD YOU DO DIFFERENTLY AT YOUR NEXT EVENT?

Name of Certified Host Representing Exhibit (please PRINT)

Name of person completing this form, if different than Certified Host

Date

Contact Information _____

Contact Information _____

Sub-license # _____