



## Follow-up Report

Please Print Legibly

Project Title: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Collaborating Agencies: \_\_\_\_\_

Population served, including estimated number of individuals (break out into age groups elementary, middle school, high school, adults): \_\_\_\_\_

\_\_\_\_\_

Tell us why or why didn't your project meet the desired goal (include location of event)?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the outcomes?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*Send photos to [Joe.Hagerty@co.wright.mn.us](mailto:Joe.Hagerty@co.wright.mn.us)**

**Please return this form:  
MEADA 3800 Braddock NE, Buffalo, MN 55313 or [Joe.Hagerty@co.wright.mn.us](mailto:Joe.Hagerty@co.wright.mn.us)**