

MARKETING PROJECT/PROGRAM COMPLETION FORM

Project/Program Coordinator _____

Project/Program start/end dates _____

Project/Program objective _____

Actual dollar value of goods, services, funding received _____

Name(s) of sponsors, donors, advertisers, licensees _____

Project/Program summary _____

Type of acknowledgement or recognition given _____

Please send this form to:

Division Chief and Executive Management
Committee