



**Department of Public Services**  
**4601-A Calvert Road ♦ College Park, MD 20740**  
**Telephone: 240-487-3570 Facsimile: 301-864-7965**  
**Email: [publicservices@collegeparkmd.gov](mailto:publicservices@collegeparkmd.gov)**

FOR OFFICE USE ONLY	
Date Received	_____
Amount Requested	_____
Date Granted	_____
Date Denied	_____
Amount Awarded	_____

## Community Event Micro Grant Program Event Report

*(Must be submitted within 10 days following the project/event date)*

Provide a general summary of the event			
Participation:	Number of households invited	Estimate	Exact
	Number of people:	Estimate	Exact
How did you arrive at numbers provided above?			
Were your goal(s) met?		Yes	No
If not, what factors do you believe impacted the outcomes?			
What would you do differently in the future?			
How might the City assist in the future?			
Would you consider another neighborhood event?		Yes	No
Would you consider helping another neighborhood prepare a similar event?		Yes	No
Would you be willing to assist other groups in submitting an application and holding an event?		Yes	No
Please comment on the application and follow up process, including suggestions for improvement.			



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**Community Event Micro Grant Program  
 Reimbursement Request  
 (Not to Exceed \$500.00)**

(Must be submitted within 10 days following the project/event date)  
 Attach Receipts/Invoices

Supplier/Vendor
Total Cost:
Description of purchases:
Supplier/Vendor
Total Cost:
Description of purchases:
Supplier/Vendor
Total Cost:
Description of purchases:
Supplier/Vendor
Total Cost:
Description of purchases:

*Attach additional sheet if required*