**Student Finance Committee of Northern Michigan University**

*Fill out this form and return it back to the Student Finance Committee (1203 University Center) after your have held you event.*

**Program Evaluation**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance: \_\_\_\_\_\_\_\_ Students: \_\_\_\_\_\_\_ Non-Students: \_\_\_\_\_\_\_

Description of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pre-Program Evaluation**

Please respond on the following concerning your program:

Do you feel the Student Finance Committee adequately prepared your organization to present your budget before the committee? Please explain.

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Do you feel your budget was fairly considered by the Student Finance Committee? If no, please explain.

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How could the Student Finance Committee make the process of obtaining funds from the Student Discretionary Activity Fee easier?

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**Product Cost Explanation**

Please list all of your program expenditures by line item and explain any expenditure that may differ significantly from the original allocation by the Student Finance Committee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Allocation** | **Actual Expenditure** | **Explanation** |
| 6710: Student Labor | $ | $ |  |
| 7120: Office Supplies | $ | $ |  |
| 7135: Event Supplies | $ | $ |  |
| 7140: Building Rental | $ | $ |  |
| 7141: Film/Equipment Rental | $ | $ |  |
| 7163: Advertising | $ | $ |  |
| 7190: Printing | $ | $ |  |
| 7191: Postage/Shipping | $ | $ |  |
| 7192: Professional Services | $ | $ |  |
| 7194: Audio Visual | $ | $ |  |
| 7330: University Guest Expense | $ | $ |  |
| 7335: Motor Pool | $ | $ |  |
| 7340: Group Expenses | $ | $ |  |
| 7400: Telephone | $ | $ |  |
| **Total** | $ | $ |  |

**Sources of Income**

Revenue

 Ticket Sales $\_\_\_\_\_\_\_\_\_\_

 Contributions $\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_

Net Income $\_\_\_\_\_\_\_\_\_\_

**Post Program Evaluation**

(Answer all questions)

Please comment on the success or problems you may have encountered with the following items pertaining to your program.

Agents/Performers/Speakers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Member Participation

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Ticket Collections/Door Monitoring

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Sound Equipment/Lighting/Seating, etc.

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What is your organization’s overall assessment of the program?

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How could your organization have improved this program?

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Name of representative filling out this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_