

OCMGA Contacts Report

Date(s): _____
(Month, day & year)

Name/Type: _____
(Name of the Organization or Event)

Purpose: _____
Education: Adult/Youth; **Outreach:** Adult/Youth

Community Contact(s): **Name:** _____ **Ph:** _____
Email: _____

Procedures Taken: _____

Educational Materials: _____

MG Participants: _____

Recommendation(s): _____



Additional UF / County REQUIRED Information:

Ethnicity Count: Number of: _____ Nat. Amer. / Hisp / Cauc / Asian / Af. Am. / Unknown

Gender Count: Male _____ Female _____ Unk: _____ Total Contacts: _____

1st Extension Contact for how many in your audience? _____

Yes/No Answers here:

Repeat this? _____ **Photos?** _____ **Evaluations?** _____

INFO requests handled? _____ **How many?** _____

MG reporting: _____
(Please Print)

If additional space is needed please add attachments.