



Alpha Kappa Alpha Sorority, Incorporated  
Tau Tau Omega Chapter



***Program Activity Report Form (2018-2022)***  
***Target 2 – Women's Healthcare & Wellness***

Please use this report to summarize each activity for Women's Healthcare and Wellness programs. A separate report is required for Breast Cancer Awareness and Prevention, Heart Health, Nutrition and Wellness for Life and Care for the Caregiver. Documenting the number of Women receiving the services is vital to reaching our 100,000 goal.

Chapter Report Information

Event/Activity Name:

Which Women's Wellness area  
was the focus of this activity?:  
(Select all that apply)

Breast Cancer Awareness and Prevention  
Mobile Breast Cancer Screening Unit  
Heart Health  
Nutrition and Wellness for Life  
Care for The Caregivers  
Other

If Other, describe:

Collaborative partnerships:  
(Select all that apply)

American Cancer Association  
American Heart Association  
Susan G. Komen  
Sisters Network, Inc.  
Other Organization

If Other Organization, name:

Activity Description:

**500** characters

Activity Start Date (m/d/yyyy):

Activity End Date (m/d/yyyy):

**\*Occurrence Frequency:**

Number of Persons Attending or Receiving  
Service from this Activity (face-to-face, social  
media, webinars, other communications):

Total Volunteer Hours

In this section, round to the nearest whole number. If not applicable, enter 0.

Number of Hours of Event(s):

Number of Active Chapter Sorors Participating:

Number of General Members Participating:

Number of Inactive Sorors Participating:

Number of Soror Volunteer Hours (including  
hours for event preparation):

Number of non-Sorors Participating:

Number of non-Soror Volunteer Hours:

Evaluation

Did the chapter evaluate this activity

Yes No

If yes, date of evaluation

What were the results of the evaluation?

Exceeded Expectations

Met Expectations

Did not Meet Expectations

Comments:

**500** characters

Did participants or targeted population evaluate this project?

Yes No

If yes, what were the results of the evaluation?

Exceeded Expectations

Met Expectations

Did not Meet Expectations

Comments:

**500** characters

#### Communication

Did the event(s) receive media attention

Yes No

Media Attention: Select all that apply

TV

Radio

Newspaper

Social Media

Flyers

Please describe media attention:

**300** characters

Were materials distributed during this activity?

Yes No

If yes, list materials

**300** characters

Funding

What was the chapter's monetary contribution? \$  
(round to nearest dollar and do not use  
commas, e.g. 4989)

Did you receive outside funding/grants? Yes No

If yes, total amount received: \$  
(round to nearest dollar and do not use  
commas, e.g. 4989)

List the source(s) of outside funding along with  
the amount (for example, "Fund Source A  
(\$XXX)":

**100** characters

Did you receive any in-kind contribution? Yes No

If yes, list type and source (for example,  
"Contribute A (Source A)":

**100** characters

Other

Other comments or information regarding this  
activity:

**500** characters