



## Local Program Manager Report

Trimester: \_\_\_\_\_ Programming Area: \_\_\_\_\_

Name: \_\_\_\_\_

### Internal:

Certifications:

Living & Learning: \_\_\_\_\_ Health & Wellness: \_\_\_\_\_ Personal Development: \_\_\_\_\_

Pep Course: \_\_\_\_\_ PEP Course Name: \_\_\_\_\_

S.T.E.P. 1 \_\_\_\_\_ S.T.E.P. 2: \_\_\_\_\_ S.T.E.P. 3: \_\_\_\_\_ S.T.E.P 4: \_\_\_\_\_

Outstanding Achievement in Programming. \_\_\_\_\_

### External:

Number of Persons Participating (members and non-members): \_\_\_\_\_

Total Funds Raised: \_\_\_\_\_ Total In-Kind Donations: \_\_\_\_\_

Service Hours: \_\_\_\_\_ (Total Service Hours = # of hours worked x # of members worked)