

Horizons Speakers Bureau Final Report

The final report is due three weeks after the program date - please complete this entire form.

Questions? Please contact James Kirkland at 609.695.4838 ext. 221 or jkirkland@njch.org.

HSB Reference number: _____

Date of Program: _____ **Time:** _____

Project Director: _____

Host Organization: _____

Program Location: _____

Program Title: _____

Speaker: _____

Total Attendance: _____ **If exact number is not available, please estimate.**

Program Evaluation

Overall, I found the quality of this program to be:

Excellent Very Good Average Disappointing Unsatisfactory

Did the speaker hold the audience's attention most of the time?

Yes No

What presentation methods did the speaker use? (Check all that apply)

Lecture Performance Demonstration PowerPoint/Slideshow Q&A/Discussion

Handouts Other _____

Were the presentation methods appropriate for the topic?

Yes No

On a scale of 1 (lowest) to 5 (highest), how do you rate the speaker for:

Clarity:

Knowledge of the topic:

Ability to answer audience questions:

In order to help us serve your organization better, please answer the following questions:

How did your organization learn about the Horizons Speaker Bureau? (Check all that apply)

- Professional Organization Colleague NJCH Email H-NET Internet Search
 NJCH Website Social Media Other Email Other.

Why does your organization participate in the Horizons Speakers Bureau? (Check all that apply)

- Quality of speakers Engaging topics Cost Convenience Ease of application process
 Other

How does the Horizons Speakers Bureau most impact your organization? (Check all that apply)

- Establishing relationships with scholars Helps you serve your existing audience
 Helps you create new audience Providing high-quality programming Other

In what other ways could NJCH help your organization accomplish its mission? (Check all that apply)

- Professional Development Grant Opportunities Organizational Development & Planning
 Reading & Discussion Series Film/TV & Discussion Series Lecture Series Traveling Exhibits
 Other_____

Do you have any other comments, questions, or concerns?

Partner Contributions Report (Required)

ABOUT THIS FORM

This information is required by our principal funder, the National Endowment for the Humanities (NEH), in order for NJCH to continue receiving federal funds to provide programming.

Please estimate the value of the time, services, and materials your organization spent, donated, or received to host this program.

CATEGORIES	DESCRIPTION	COST/VALUE
Staff Time	<i>(staff hourly rate) multiplied by (total staff hours)</i>	\$
Volunteer time	<i>(estimated rate*) multiplied by (total volunteer hours)</i> * reference www.independentsector.org/volunteer_time	\$
Office Expenses	Cost of purchased or estimated donation value of supplies	\$
Space	Rental cost and/or estimated value of program space	\$
Equipment	Rental cost and/or estimated rental value of equipment used	\$
Food & Beverage	Cost and/or donated value of food and beverages for program	\$
Promotion	Cost and/or donated value of advertising costs	\$
Travel	Cost and/or donated value of any travel expenses for program	\$
Other	Cost and/or donated value of any additional items	\$
	Provide a brief description	\$
	Provide a brief description	\$
TOTAL	Total of all categories above	\$

I certify that the foregoing information is true and correct.

Please type in your name and the date

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