

*Humanities Nebraska*

**PTFRT Community Liaison Final Report**

---

**Name of Community Liaison:\***

*Character Limit: 250*

**Start Date of Program (including year):\***

*Character Limit: 10*

**End Date of Program:\***

*Character Limit: 10*

**Check which of the following groups you approached for recruitment in your community. List names of people or organizations contacted and methods of promotion for each (brochures, fliers, posters, registration forms, phone calls, meetings or presentations).**

**Choices**

School principals, teachers (including Head Start and Even Start), and guidance counselors

*Character Limit: 10000*

**Choices**

Community organizations and agencies, including public libraries

*Character Limit: 10000*

**Choices**

Adult literacy, Basic Adult Education, and English as a Second Language classes

*Character Limit: 10000*

**Choices**

Churches

*Character Limit: 10000*

**Choices**

Other

*Character Limit: 10000*

**Total number of families recruited:**

*Character Limit: 250*

**Total amount of time spent recruiting families:**

*Character Limit: 250*

**Please record the total amount of time spent assisting the Program Coordinator with the following tasks:**

### **Calling families to set up transportation**

*Character Limit: 250*

### **Establishing transportation routes for bus or vans**

*Character Limit: 250*

### **Calling families to remind them to come each week**

*Character Limit: 250*

### **Obtaining door prizes**

*Character Limit: 250*

### **Making nametags**

*Character Limit: 250*

### **Setting up and cleaning rooms**

*Character Limit: 250*

Attending each session to assist with room set up and clean up, registration, book circulation, preparing and serving food, etc.

*Character Limit: 250*

Other. Please explain.

*Character Limit: 250*

**Please upload your completed Invoice below. The Invoice form can be found at the following website:**

<http://humanitiesnebraska.org/prime-time-resources/>

*Note: Payment from Humanities Nebraska can only be issued upon receipt of your Invoice. Please allow one month for HN to review reports, submit check requests, and process payments.*

\*

*File Size Limit: 7 MB*

