

EVENT INFORMATION

Event Name

Date of Event

Venue

Date of Assessment

Lead Staff

Lead Volunteer

PURPOSE

Primary purpose of this event:

Fundraiser

Friendraiser / Cultivation

Community Outreach

Other: _____

Was the purpose of the event achieved?

Yes No

GROWTH & PERFORMANCE

If recurring: was this an improvement over the prior year? (more attendees, higher revenue, etc.)

Yes No

Do you believe expenses will change significantly if you repeat this event?

Yes No

Do you believe revenue will change significantly?

Yes No

If first-time event — what % of attendees do you believe would return for another event like this?

PROMOTION & OUTREACH

Did the event contribute positively to your organization's image / brand?

Yes No

Did you reach a new audience, or primarily the same group as always?

Yes No

STAFFING & VOLUNTEERS

Was there adequate staffing to organize and run the event?

Yes No

Was it easy to recruit volunteers to support this event?

Yes No

Do you already have names of people who want to work on this event next time?

Yes No

CONDITIONS & CONTEXT

Were there contributing factors that would be difficult to replicate? Yes No

Were there extenuating circumstances that put this event at a disadvantage? Yes No

Notes on conditions:

OVERALL ASSESSMENT

Did this feel like the right event for your organization? Yes No

Did your team have fun doing it? Yes No

Recommendations / notes for next time:

FINANCIAL SUMMARY — REVENUE

REVENUE	Budgeted	Actual
Sales / Ticket Revenue	\$ _____	\$ _____
Sponsorships	\$ _____	\$ _____
In-Kind Contributions	\$ _____	\$ _____
Vending / Concessions	\$ _____	\$ _____
Raffles / Auctions	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

FINANCIAL SUMMARY — EXPENSES

EXPENSES (include retail value of in-kind)	Budgeted	Actual
Facility Expenses	\$ _____	\$ _____
Advertising & Marketing	\$ _____	\$ _____
Contracted Services (entertainer, DJ, auctioneer, etc.)	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Food & Beverage	\$ _____	\$ _____
Support Materials (tickets, programs, etc.)	\$ _____	\$ _____
Cost of Goods Sold	\$ _____	\$ _____
Recognition / Appreciation Items	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____
NET REVENUE (Total Revenue – Total Expenses)	\$ _____	\$ _____

INDIRECT COSTS

INDIRECT COSTS	Hours	Value
Paid Staff Time	_____	\$ _____
Volunteer Time (valued @ \$18/hr)	_____	\$ _____
TOTAL INDIRECT COSTS	\$ _____	\$ _____

IMPACT METRICS

IMPACT METRICS	Result
Number of Attendees / Participants	_____
Number of Advertising Impressions	_____
Net Revenue Adjusted for Indirect Costs	\$ _____
Net Revenue per Participant	\$ _____
Adjusted Net Revenue per Participant	\$ _____

Handout by **GoalBusters Consulting** | More free fundraising resources at goalbusters.net/free-stuff/