**NEAFCS IMPACT**

***Share Your Story* Template**

*Use this template to prepare information for submission in NEAFCS IMPACT Statement Data Report Form. For more information on powerful impact statements, see the Impact Statement Reporting Course at eXtension:* [*https://extension.org/impact-statement-reporting/*](https://extension.org/impact-statement-reporting/)

Affiliate President or Vice President of Public Affairs: Each state is encouraged to submit one to three programs in at least one Program/Subject Area on the NEAFCS webpage. Look under the Public Affairs tab for the *Affiliate Impact Statement Data Report Form* link to enter this information for your state affiliate. Members can submit this form to their Public Affairs state leadership for local or area programs to be considered for inclusion in the NEAFCS IMPACT statements.

Submitter name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information (email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Subject Area (check one)

* Childhood Obesity
* Community Health & Wellness
* Diabetes Prevention and Management
* Financial Management
* Food & Nutrition
* Food Safety
* Healthy Homes and the Environment
* Improving Children’s Lives
* Protecting Our Resources – Family Life

Name of program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of times program offered? \_\_\_\_

If it is a series of lessons, how many lessons in the series? \_\_\_\_

Number of participants in the program\_\_\_\_\_\_\_\_\_\_\_

Number of community partners, if any, assisting with the program\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the *need, scope* and *outcomes (including highlights of your evaluation data)* of this program (do not repeat information already provided above). **Limit: 40 words.** Submissions over 40 words may be disqualified. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant or community partner *quote on program benefit*. **Limit: 40 words.** Choose or edit quotes that will be 40 words or less. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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