***Partnership Worksheet***

***After the Moment***

*To be completed either in person or on the phone with your Partner contact.*

|  |  |
| --- | --- |
| Today’s Date |  |
| Organization Name |  |
| Partnership Event  Date & Time |  |
| Key Contact Name |  |
| Address |  |
| Phone |  |
| Email |  |
|  |  |
| How many partnerships have been done with  this partner? |  |
| Pre-partnership set-up:  What was done to prepare for the partnership? |  |
| What is your ultimate  long term goal? |  |
| Dollar amount generated for the organization? Did this meet their goal? |  |

What worked throughout the partnership?

What would you do differently next time?

What results were produced from this partnership?

Were the set goals achieved?

Yes  No

Would you like to schedule another Partnership?

Yes  No

Would you like to be called at a later date?