

number:

Universal Cover Sheet for All Scan Forms

Please complete <u>all</u> fields in the first two sections and <u>use uppercase print</u> to write letters (i.e., ABC). Thank you!

Extension Faculty	
First Names	
First Name:	
Last Name:	
Lead County or Unit Number: Look up your 3-digit county or unit code here. CEP Headquarters use 517 Are you part of the O Yes CEP (1890) Program? O No	
if a multi-county event, please include the other counties codes here:	
— About the Activity ————————————————————————————————————	
Title of the Activity:	
Date of Activity: TExAS Plan Number TExAS Report Number	
Type of Plan: O In-depth O Outreach O Organizational support CEUs Offered: Was this a Partial Cost Recovery (PCR) Activity? Value of Plan: CEUs Offered: Vas this a Partial Cost Recovery (PCR) Activity? O Yes O No	
How many individuals attended this event? (Please enter an exact number even if you can only provide a best estimate)	
Type of activity: State Goal:	
O Field Day / Tour O Goal 1 (Educate Texans for Improving Their Health, Safety, and Well-Being)	
O Demonstration O Goal 2 (Agriculture, Natural Resources, Economic and Environmental Education)	
O Group educational event O Workshop O Goal 3 (Foster Development of Responsible, Productive & Motivated Youth/Adults)	
O Other Specialists to receive results (list more on back if needed):	
Is economic benefit for the participant one of the explicit goals of the program? O Yes O No	-
Office Use Only MAIL FORMS AND THIS COVER SHEET TO:	
Batch WAIL FORMS AND THIS COVER SHEET TO.	
number: Paul Pope Texas A&M AgriLife Extension Service	
1470 William D. Fitch Parkway	

(Use 999 for online)

College Station, TX 77845

0082632720 For TAMU Campus Mail: MS 2146