



Anti-Defamation League
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Web <http://regions.adl.org/eastern-pa/programs/no-place-for-hate.html>

School Project Fulfillment Form

School Name _____
Contact Name(s) _____
Address _____
Phone () _____
Fax () _____
Email _____
Date _____

PROJECT FULFILLMENT FORMS ARE REQUIRED TO BE SUBMITTED WITHIN 2 WEEKS OF COMPLETION OF THE PROJECT. Please fill in the information about your No Place for Hate® project with as much detail as possible

1. What number *No Place for Hate*® project is this in your school for this year (Project #1, 2, 3, etc.)? Which year of participation in the *No Place for Hate*® program in your school is this (year 1, 2, 3, etc....)? Please make sure that the Project # corresponds to the Project # on your Request for Project Approval.

Project # _____ Year # _____

2. What was the title of this project?

3. Describe this project:

WHO (was this project open to all students; did it affect the student body as a whole?):

WHAT:

WHEN (date and time):

WHERE:

HOW:

4. Approximately how many people attended or participated?

5. Was there participation from organizations or people from the larger community?

6. What was the goal of this project? Do you feel that you met your goal?

Please include any accompanying materials such as newspaper articles, photographs and video (with description including names of individuals and affiliations).

Please return this form to the ADL, send via fax or email to the address above.

