**NCF GRANT EVALUATION**

**ORGANIZATION INFORMATION**

Full Legal Name of Applicant Organization:

Address: Phone:

City, State, Zip: County:

Organization’s Director: Director’s Phone:

Funded Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION**

Describe how the project met its objective(s).

**PROJECT SPECIFICS**

How many days or weeks did the project extend, and how long will the results of the Project last?

**EVALUATION:** Describe the success of the project. What was its impact on the community, its residents, or visitors? What did you/your organization learn? May we share the story of its success with others?

**PROJECT BUDGET**

How did the project’s financials play out? What was your total budget for the project? Did you receive all the resources you needed (in-kind and/or cash)?

Were there other sources of funding for this project? If so, please list source and amount below: