

## 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: