

# Calhoun County Community Foundation

**MUST BE TYPED**

**Evaluation – To be returned upon completion of grant or project year-end**

Organization: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please briefly summarize the goals of your project. Were you able to attain the goals of your project?

How did you evaluate the project? Were there any unexpected successes/benefits?

Were there any unexpected barriers to overcome? What were they and how were you able to address them?

Do you plan to continue the project? If yes, will any of the past year's experiences cause you to change the project? If yes, how will the project be changed?

How did you include the "Calhoun County Community Foundation" in the publicity of your project? Please describe and attach copies. Please include pictures of your project implementation and/or results. Is there a "permanent" display recognizing the Calhoun County Community Foundation?

\*\* Please attach project receipts to receive the remaining balance of your grant.

\_\_\_\_\_  
*Legal Applicant or Fiscal Sponsor Signature (Required)*

\_\_\_\_\_  
*Date*