EVALUATION FORM

Applicant Organization:___________________________________

Address:____________________________________________________________________________________________________

City, State, Zip:___________________________________________________________________________

Executive Director:______________________________________________________Phone________________________________

Contact Person:________________________________________________________Phone_________________________________

Title of Project:___________________________________________________________

Amount of Grant: $__________________________ Number of Kids Involved:____________________________
Total Cost of Project:__________________________ Ages:__________________________________________
Area Served:________________________________ Number of Adults:______________________________

PLEASE ATTACH COPIES OF ALL RECEIPTS AND A BUDGET SUMMARY TO THIS FORM

TELL US ABOUT YOUR PROGRAM.

• What did these Summertime Kids do? Why was it successful? What could have made it better?

• What special stories or memories have come out of this project? What were the benefits of this project?

• What could improve Summertime Kids next year?

• Please DETAIL YOUR ACTUAL BUDGET on the reverse of this form.

*We are especially excited when you involve your Summertime Kids in this evaluation. Use the space below or be unique and creative.

(CONTINUE ON BACK IF NECESSARY)

"Thank You For Making Summertime Memories For Our Kids"

Due: September 30