

Linn County Cultural Coalition
Project Evaluation 2017

Name of Project: _____

Name of Organization: _____

Tax ID#: _____

Contact Name: _____

Phone: _____ E-mail: _____

Address: _____

Amount of Linn County Cultural Coalition Grant: _____

Report/Evaluation Narrative:
(Attach additional pages, if needed)

1. Was the project successful? Please tell us how and why it was successful.

2. If you do this project or activity again, how would you improve or change it?

3. Did the project or activity achieve what you wanted? Why?

4. Please attach publicity samples/documentation, if available.

Actual Budget Expenses: _____

Grant Award from Linn County Cultural Coalition: _____

Please list any other income sources: (Grants, Admissions, Sponsorships, etc.) _____

Please List In-Kind Contributions:

(Donations of services like printing costs, copying etc. and/or volunteer hours calculated at \$17.90/hour)

Please List Expenses:

Total Income: _____ Total In Kind Donations: _____

Total Expenses: _____

Evaluation forms can be returned to Linn County Cultural Coalition, P.O. Box 69, Albany, OR 97321 or by emailing: bc Carroll@co.linn.or.us