

Wabash Valley Community Foundation, Inc. Project/Grant Evaluation

Organization Name:

Street Address:

Telephone Number:

City:

State:

Zip Code:

Name and Title of Contact Person:

Project Name:

Date of Project:

Amount of Grant:

Project Evaluation: *(Please describe the implementation of your project and how it met its goals; attachments okay.)*

How many people attended/benefitted from this project?

EVALUATION AUTHORIZATION

The Wabash Valley Community Foundation, Inc. Grant was spent as outlined in our grant application.

Signature of Authorized Applicant

Date

Applicant name printed

Please attach newspaper articles, advertisements, programs, etc., related to your project. Send documentation and this form within 30 days of project completion, or if not completed, a status report not later than December 31 of this year to:

**Wabash Valley Community Foundation, Inc.
2901 Ohio Blvd. Suite 153, Terre Haute, IN 47803**