



Program Funding Grant Evaluation Form

GCWCC is evaluating the success of the Programming Grant. As a grant Recipient, take a moment to answer the following questions. **Please attach the completed form with your final proof of programming and request for payment.**

COMMUNITY CENTRE: _____

NAME OF PROGRAM: _____

AMOUNT OF FINAL GRANT FUNDING REQUESTED: _____

Did the program meet its objectives? Provide a brief explanation below:

Will your centre apply for this program again? YES __ NO __

If any, what changes or adjustments would you make to this program:

What was the approximate daily attendance? _____

What age group was this the target audience for? _____

What type of feedback or commonly asked questions did you receive from attendees or others? Please note any additional comments or concerns:

SIGNATURE: _____ POSITION: _____

DATE: _____