



## GCWCC Programming Grant Evaluation Form

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

COMMUNITY CENTRE: \_\_\_\_\_  
NAME OF PROGRAM: \_\_\_\_\_  
AMOUNT OF GRANT FUNDING: \_\_\_\_\_

HAS THE PROGRAM MET ITS OBJECTIVES? YES \_\_\_ NO \_\_\_ SOMEWHAT \_\_\_  
IF NO, WHY?

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WILL YOU BE CONTINUING THE PROGRAM? YES \_\_\_ NO \_\_\_  
IF YES, ARE THERE CHANGES YOU WOULD MAKE? YES \_\_\_ NO \_\_\_  
IF YES, WHAT ARE THEY?

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WHAT WAS THE DAILY ATTENDANCE? \_\_\_\_\_  
WHAT WAS THE AGE GROUP? \_\_\_\_\_

OTHER COMMENTS:

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SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_