**Grant Recipient Evaluation**

**FY 2024-2025**

All grantees are required to complete an evaluation of the grant-funded program/project to the City within 30 days of completion of the program/project. For ongoing program/projects, evaluations should be received prior to the submittal of a new grant request. Please type or print. Use additional 8 ½” x 11” sheets as necessary.

**Organization Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program/Project Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator Name/Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project/Program Summary**

Briefly describe your program/project as it was delivered. Please include the following:

* The original program/project goals
* Number of participants
* Audiences served
* Types of activities and events
* Number of Cannon Beach residents served

1. **Program/Project Evaluation**
   1. Describe whether the program/project met its goals, and in what ways you believe the program/project was successful. Include participant comments or feedback if available.
   2. Describe what could be done differently in the future to improve the program/project.
2. **Budget**  
   Briefly describe how your program/project did or did not meet its financial projections. Please include:

* Final program/project income and expenses
* Line-item description of the City of Cannon Beach’s contribution