



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?

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

WHAT WAS THE DAILY ATTENDANCE? _____
WHAT WAS THE AGE GROUP? _____

OTHER COMMENTS:

SIGNATURE: _____

POSITION: _____

DATE: _____