



## Community Matching Fund Final Evaluation

Project or Event Name: \_\_\_\_\_

Project or Event Location: \_\_\_\_\_

Sponsoring Community or Neighborhood Group: \_\_\_\_\_

Contact Person (Grant Coordinator): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Project or Event was completed: \_\_\_\_\_

**1. Did the completed project or event accomplish the goals set in the original application? Please describe how the goals were met.**

**2. Please describe the volunteer activities that took place during project or event.**

**3. How many people volunteered during the project or event? \_\_\_\_\_**

**If you held an event, how many people attended the event? \_\_\_\_\_**

**How many hours were donated by volunteers? \_\_\_\_\_**

**4. Please list any feedback about the City of Tumwater, Community Matching Fund Grant Programs you may have.**