PROGRAM/PROJECT FUND EVALUATION

Program/Project Details

Prog/Proj Name: _____ **Date(s):** _____

Organization: _____

Contact Name: _____ **Email:** _____

Amount of District's Award _____

How was the District acknowledged before, during and after the program or project (e.g. logo recognition)?

_____

Were all required activities listed on the funding application completed? ☐ Yes ☐ No

If 'No', what wasn't completed and why?

_____

How many people attended or participated in the program were persons who work or live within the district's boundaries? _____

How many people attended or participated from outside the District area? _____

What aspects of the program went well?

_____

What needs to be improved to make the program more successful in the future

_____

[Type here]

Were there any adverse occurrences?

Did you receive funding from any other source(s)? ☐ **Yes** ☐ **No**

If yes, please list each source and amount:

Do you intend to offer the program again? ☐ **Yes** ☐ **No**

If yes, when?

Will you seek the District's funding again? ☐ **Yes** ☐ **No**

Please attach a detailed financial statement showing the itemized expenses of the program that were paid with the District Award.

Optional: Please consider providing photos or attaching other materials or information you think the committee would like to see to help it evaluate the program's impact on the East Aldine community.

SIGNATURE:_____ **DATE**_____

PLEASE RETURN YOUR COMPLETED FORM, FINANCIAL STATEMENT, AND ANY OTHER SUPPORTING DOCUMENTS OR PHOTOS WITHIN 90 DAYS OF THE COMPLETION OF THE PROJECT OR PROGRAM BY ONE OF THESE METHODS

By mail/delivery: East Aldine Management District
2909 East Aldine Amphitheater Dr., Ste 200
Houston TX 77039

By email: vsanches@haweshill.com