

Funding Evaluation Form



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Please Print

Name of Organization _____

Contact Person _____

Position _____

Mailing Address _____

Postal Code _____

Telephone _____ Fax _____

Website _____

E-Mail _____

Charitable Registration Number _____

Completion Date of Project _____

Project Title _____

Project Expenditures:

(It is not necessary to submit receipts, invoices, or cancelled cheques. These should be retained for audit purposes.)

Expenditure Description	Amount Budgeted	Actual Cost
	\$	\$
	Total Actual Expenditures	

Describe briefly the benefits of this project to the community and explain how many people have benefited (both directly and indirectly). _____

List your project's objectives. Describe briefly how you know they were met. _____

What would you do differently next time? _____

Any additional comments? _____

I certify that the information in this evaluation report is accurate.

Signature _____ **Date** _____

Thank you for the opportunity to assist you with your work.