



<h2 style="margin: 0;">PROJECT EVALUATION</h2>
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**Organization Information:**

Name of Project		
Contact Information	Mailing Address	
	Phone	Fax
Contact Person	Name	
	Position	

**Project Information:**

<p>Did your target audience participate in your project? Were there others? What was your total attendance?</p>  
<p>Did your project go as planned? Please describe any unexpected outcomes you may have had.</p>    
<p>Describe how you met the short term outcomes you put forth in your funding application</p>    <p>Short term outcomes continued</p>

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**Financial Information:**

<b>Actual Program Budget:</b>		
<b>Revenue:</b>	<b>Budgeted</b>	<b>Actual</b>
FCSS Grant		
Registration Fees		
Contribution from organization		
Grants from other sources		
Other (Please list)		
<b>Total Revenue</b>		
<b>Expenses:</b>		
Speaker Fee		
Rent		
Travel		
Advertising/Promotion		
Resource Materials		
Food /Supplies		
Other (Please list)		
<b>Total Expenses</b>		
<b>Total Profit (Loss)</b>		

**Additional Information:**

Please provide a sample of how FCSS funding was recognized for your project.
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**Form completed by:**

Name	Signature
Title	Date

**Please return the completed evaluation to:**

Two Hills Family & Community Support Services  
 Box 687 Two Hills, Alberta T0B 4K0