

## **Project Evaluation**

Agency Name:		
Evaluation Due Date: _	Upon Completion	Date Completed:
Project Name:		
Amount Awarded:		Amount Spent:
Please contact us with	alternate use if you have unsp	oent grant funds.
Brief Summary of Project Outcome (include number of people impacted by grant)		
	regarding this project. Please	oundation asks to be acknowledged in all describe how this was accomplished. Provide
I have posted the grant OR,	photos on Facebook at <u>www.fa</u>	acebook.com/tippfoundation with a description of
I have emailed	d digital photos to info@tippfor	undation.org OR,
I cannot supply electronic photos due to the following reason:		
Please return this form negatively affect future	•	Evaluations not received in a timely manner may

Phone: (937) 339-8935

Email: kmeier@thetroyfoundation.org

Return to:

Tipp City Foundation c/o The Troy Foundation 216 West Franklin Street Troy, Ohio 45373