



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 unspent grant funds.

Brief Summary of Project Outcome (include number of people impacted by grant)

As a condition of accepting this grant, the Tipp City Foundation asks to be acknowledged in all publications and media regarding this project. Please describe how this was accomplished. Provide copies of printed material if possible.

_____ I have posted photos on Facebook at www.facebook.com/tippfoundation with a description of the grant OR,

_____ I have emailed digital photos to info@tippfoundation.org OR,

_____ I cannot supply electronic photos due to the following reason: _____

Please return this form by the due date listed above. Evaluations not received in a timely manner may negatively affect future grant requests.

Return to:

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

Phone: (937) 339-8935
Email: lschelin@thetrofoundation.org