



Grants to Organizations Policy Evaluation Form

Applicant Information

Organization Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Contact Person: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

Type of Grant Provided

Financial Support

In-Kind Services

Combination

Describe how the grant contribution was used:

Did this grant benefit the community as anticipated or expected? Please give specific examples. If for some reason your goals were not achieved, please explain.

Attach to this evaluation form a final budget for the event, program or project.

Evaluation forms may be submitted to the Town by the following methods:

Mail:

PO Box 530

Mahone Bay, NS

B0J 2E0

Email:

inquiries@townofmahonebay.ca

In Person:

493 Main Street, Mahone Bay

Fax:

(902)624-8069