



THE MUNICIPALITY OF

LAMBTON SHORES

Community Services

9575 Port Franks Road, R.R. #1

Theford, ON N0M 2N0

T: 519-243-1400 / 1-866-943-1400

www.lambtonshores.ca

PROJECT EVALUATION FORM

Applicant Information:

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Project/Event Description:

What specific results were achieved through the funding of your project?

Did this grant benefit the community as anticipated or expected?

As a result of this grant did your organization increase or enhance partnerships and collaborations with other groups in the community? Explain.

If you received a financial grant, attach to this report:

- A financial report that outlines the project income (funding) and expenditures.
- Invoices for the event, program or project must also be included.
- Photos of the completed event, project or program

Print Name

Title/Position

Signature

Date