

Community Services 9577 Port Franks Road Thedford, ON NOM 2N0 T: 519-243-1400 / 1-866-943-1400 www.lambtonshores.ca

## **PROJECT EVALUATION FORM**

☐ Community Grant ☐ Vib	orancy Funding (Sma	ll Project) □ Vibrancy Funding (Large Project)
Applicant Information:		
Organization Name	e:	
Contact Name:		
Project/Event:		
How did receiving the grant	help you achieve the	goal(s) of your project/event?
How did this project/event be	enefit the Community	?
Was your organization able groups in the community thr		ce its partnerships and collaborations with other nt? Explain how.
Required supporting docu	ıments:	
·	• •	vent income (funding) and expenditures.
☐ Invoices for the project/e		d for.
☐ Photos of the completed	• •	ds only) and/or the Municipality for the grant.
- Frooi of recognition to Co	JIGEIIO (VIDIAIICY FUIII	as only) and/or the Municipality for the grafft.
Print Name	Signature	 Date