

Summertime for Kids

The Middletown Community Foundation
300 North Main Street Suite 300
Middletown OH 45042
Telephone: 424-7369
FAX: 424-7555

EVALUATION FORM

Applicant Organization: _____

Address: _____

City, State, Zip: _____

Executive Director: _____ Phone _____

Contact Person: _____ Phone _____

Title of Project: _____

Amount of Grant: \$ _____

Number of Kids Involved: _____

Total Cost of Project: _____

Ages: _____

Area Served: _____

Number of Adults: _____

PLEASE ATTACH COPIES OF ALL RECEIPTS AND A BUDGET SUMMARY TO THIS FORM

TELL US ABOUT YOUR PROGRAM.

- ◆ What did these *Summertime Kids* do? Why was it successful? What could have made it better?
- ◆ What special stories or memories have come out of this project? What were the benefits of this project?
- ◆ What could improve *Summertime Kids* next year?
- ◆ Please **DETAIL YOUR ACTUAL BUDGET** on the reverse of this form.

 We are especially excited when you involve your *Summertime Kids* in this evaluation. Use the space below or be unique and creative.

(CONTINUE ON BACK IF NECESSARY)

"Thank You For Making Summertime Memories For Our Kids"

Due: September 30