

Form E - Keokuk County Community Endowment Fund Evaluation

Must be returned upon completion of project, no later than last business day in October. If project not finished, complete Form C instead.

Mail form to: KCCEF, PO Box 11, Sigourney, IA 52591

Organization: _____ Contact: _____
Project: _____ Phone: _____
Completion Date: _____

Please briefly summarize the goals of your project and explain how you were able to attain those goals:

(Include any unexpected benefits or successes) _____

Please relate project results and the tools used to measure your success: (What method was used to evaluate the project?)

Please outline any unexpected obstacles and how you were able to address them: _____

Please summarize the project's future plans, if any: (Include any changes this past year's experience may have influenced.)

Please compare the actual cost of the project to the estimated budget: (Please attach copies of invoices or bills)

If your project ran under budget, have you returned excess funds to the KCCEF? _____

Please describe any publicity the project has received, including recognition of the KCCEF: (Please attach copies of articles and photos of project) _____

Signature of Project Director _____ Date _____ Signature of KCCEF Representative _____ Date _____