

Neighborhood Matching Grant - Final Evaluation

Project or Event Name: _____

Project or Event Location: _____

Sponsoring Community or Neighborhood Group: _____

Contact Person (Grant Coordinator): _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Project or Event was completed: _____

Did the completed project or event accomplish the goals set in the original application? Please describe how the goals were met.

Describe the volunteer activities that took place during the project or event.

If you held an event, how many people attended the event? _____

How many people volunteered during the project or event? _____

How many hours were donated by volunteers? _____

List any feedback about the Neighborhood Matching Grant Program or Volunteer Tumwater you may have.

Please send the before and after photos of your event and/or project to the Volunteer Coordinator, volunteer@ci.tumwater.wa.us.