## **GRANT EVALUATION**

For those Providers who have received a GRANT from the WNCC Leadership Development Team

## Please submit evaluation form within 30 days of completion of the program.

Date:	
Name of Provider:	Grant Amount: \$
Person submitting evaluation:	
Name:	Title:
Email:	Phone:
Address:	
Name of Program or Event:	

1. Describe the program or event. Please include the name, date, objectives, instructor's names and credentials, syllabus, a list of attendees and an explanation if there were any modifications to the original proposal.

2. How did this program help to enhance effective leadership?

3. Please obtain a brief personal story from a participant highlighting how their leadership capacity was enhanced through this program. *This may be used in WNCC media and publications*.

4. Were the goals & objectives accomplished? If so, how did you measure the success and if not, why? What would you change or do differently?

5. How was the grant spent? (Please do not include receipts.) Did this differ from the originally proposed budget, if so, how?

6. Will this program be continued? If yes, briefly describe the source(s) of funding.

7. Do you have any additional comments to share?