

SECTION 3 – Evaluation Form

**KENDALL COMMUNITY OP SHOP INC.
COMMUNITY GRANTS PROGRAM 2024
Evaluation Form 2024**

General Information

Organisation :

Contact Person :

Postal Address :

Phone:

Project Name / Description:

Grant Amount Approved:



Program Project Evaluation

a) List the aims and objectives of the project.

b) Did the program meet the aims/objectives of the project? If so, how? If not, why?

c) What obstacles, if any, did the project face and how were these overcome?

d) In what ways was the project effective/ineffective in benefiting the community?

e) Were you able to keep to your stated time-line? If not, what prevented this?

- f) List any recommendations you would make for the future development of a project such as this.

- g) Please make any comments that relate to your project.

Financial Statement

Please provide financial details of the project.

Income

Kendall Community Op Shop Grant	\$	
Other	\$	
Total Income	\$	

Expenditure

Item	\$	
Item	\$	
Item	\$	
Item	\$	
Item	\$	
Item	\$	
Total Expenditure	\$	

(add extra page if needed)



Signature

Date

Name

Position

Please forward completed evaluation form by 1st February 2025 to :
 The Secretary
 Kendall Op Shop
 PO Box 60
 KENDALL. 2439