



County of Riverside

Community Improvement Designation Grant Evaluations Report

Reset Form

Print Form

Legal Name of Organization:		
Mailing Address:		
Contact Person:	Phone:	
Email:	Fax:	
Grant Purpose:	Date of Award:	Amount Awarded:

Grant Evaluation Reports should follow the format indicated below. It is acceptable to copy the content below for use in creating a document. A report should refer to the original Grant Request/Application.

Project or Program Evaluation Report

1. Please provide a brief description of the project or program, and its benefit to the community.
2. What was your intended outcome and what were you able to accomplish of that goal?
3. What is the status of your funding? (i.e. 50% of the funding has been expended)
4. What has been the impact of this grant on your project or program?
5. What has been the benefit of this project or program to the community?

Please email this form to District5-CID@RIVCO.ORG