

Wayne County Chamber of Commerce Mini-Grant Project Evaluation

Applicant's Name

Date

School

School Phone

E-mail Address

Project Title

| | | | |
|-------------------------------------|---|--|---|
| Enter Amount Received for Grant | \$ <input style="width: 80%;" type="text"/> | Detail of Monies Spent: | |
| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
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| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
| | | \$ <input style="width: 80%;" type="text"/> | for: <input style="width: 95%;" type="text"/> |
| Less: Total Expenditures | \$ <input style="width: 80%;" type="text"/> | Enter the total of the above listed monies spent. | |
| Due to Wayne Charitable Partnership | \$ <input style="width: 80%;" type="text"/> | Subtract Total Expenditures from amount of Grant received. Return any unused funds to the "Wayne Charitable Partnership" along with this form. | |

Project Summary

Please give a summary of the project outcome, you may use the back side of this form or another sheet of paper if necessary. Pictures of the final project are encouraged.

Note: Please attach copies of receipts for all expenditures to this completed form and mail to:

Wayne County Chamber of Commerce
PO Box 1107
Goldsboro, NC 27533-1107

Applicant's Signature

Principal's Signature