

County of Riverside



Community Improvement Designation Grant Evaluations Report

Reset Form	L Designation Grant Eval	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 for for use in creating a document. A report should Project or Program Evaluation Report 1. Please provide a brief description of the	d refer to the original Grant Requ	uest/Application.
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?