

# Summertime for Kids

The Middletown Community Foundation  
300 North Main Street Suite 300  
Middletown OH 45042  
Telephone: 424-7369  
FAX: 424-7555

## EVALUATION FORM

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Title of Project: \_\_\_\_\_

Amount of Grant: \$ \_\_\_\_\_

Number of Kids Involved: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

Ages: \_\_\_\_\_

Area Served: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL RECEIPTS AND A BUDGET SUMMARY TO THIS FORM**

### TELL US ABOUT YOUR PROGRAM.

- ◆ What did these *Summertime Kids* do? Why was it successful? What could have made it better?
- ◆ What special stories or memories have come out of this project? What were the benefits of this project?
- ◆ What could improve *Summertime Kids* next year?
- ◆ Please **DETAIL YOUR ACTUAL BUDGET** on the reverse of this form.

 We are especially excited when you involve your *Summertime Kids* in this evaluation. Use the space below or be unique and creative.

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"Thank You For Making Summertime Memories For Our Kids"

**Due: September 30**