

# Project Evaluation Report

Madison Arts Commission  
City of Madison Department of Planning and  
Community and Economic Development  
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PLEASE PRINT/TYPE

PROJECT TITLE

GRANT RECIPIENT (ORGANIZATION OR INDIVIDUAL CONDUCTING THE PROJECT)

PROJECT LOCATION

EVALUATOR

DATE OF EVALUATION

Please rate the project by circling a number on a scale of one (poor) to ten (outstanding).

1. Overall project quality

1    2    3    4    5    6    7    8    9    10

2. Community impact/public service value

1    2    3    4    5    6    7    8    9    10

Please explain your rating: (Use other side if necessary)

Many thanks for your assistance. Please return the completed form to Karin Wolf, Madison Arts Commission, P.O. Box 2985, Madison, WI 53701-2985.