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# Project Evaluation Report

**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.